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Thus it will be seen that if man has passions which impel him to the destruction of man, if he be the only animal who, despising his natural means of attack and defence, has devised new means of destruction, he is also the only animal who has the desire, or the power to relieve the sufferings of his fellow citizens, and in whom the co-existence of reason and benevolence attests a moral as well as an intellectual superiority.—*Graves' Clinical Medicine.*

MAY 1868.

On the Ring Treatment of Fractures of the Patella. By GEORGE C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, &c., &c.

Having just discharged a patient whom we have successfully treated for a fracture of the patella by means of the ring, which has been so highly praised of late by Dr. W. A. Gibson, of St. Louis, and Prof. Paul F. Eve, of Nashville, we are induced to offer a few remarks in reference to the history of this method of treatment. Prof. Eve, in his report, published in the Nashville *Journal of Medicine*, February, 1867, writes as follows:

"Another benefaction has been given to humanity by the Profession, in the treatment of a very difficult, though fortunately not very frequent, accident. The name of Dr. W. A. Gibson of St. Louis, U. S., will hereafter ever be honorably associated with the management of a fractured Patella; for by the suggestion of a *ring*, he has not only simplified, but we think, probably perfected, a method for treating these cases, whether the bony solution be transverse, oblique, longitudinal, stellate, or by comminution. A moment's reflection will convince medical men that of all means proposed to retain the fragments of a fractured patella in contact, and thus promote bony union, instead of the ligamentous one usually obtained in practice, the ring must have great and decided advantage, and

is so simple in application, that the thought almost involuntarily arises, Why was it not suggested sooner? And this is the more surprising when we consider the many various methods employed to keep the fractured parts in contact. The two plates of metal shaped like a horse-shoe, to fix and bring together the fragments, invented by the late Mr. Lonsdale; the plates with two sharp hooks, of M. Malgaigne, recently deceased; and the practice of Mr. J. Wood, of King's College Hospital, London, consisting of strappings encircling the upper and lower margins of the broken bones, and then crossing each other at the sides of the point to be fastened to hooks attached to a white splint in the popliteal region: would all seem suggestive of the value of a ring under these circumstances."

Now, by referring to Malgaigne's Treatise on Fractures (translation by Packard, Philadelphia, 1859, pp. 614, 615,) it will be found that Albucasis covered the patella with a round splint, i. e. perforated in the center, and kept in place by a bandage, and that this method of treatment was approved by Guy de Chauliac, J. de Vigo and Bassuel, who adopted it at the Hotel Dieu, in Paris, in the latter half of the eighteenth century. Malgaigne also refers to Purmann's ring, made of twisted iron wire, and wrapped in a double covering of leather. We reproduce here a copy of this ring from the Atlas of Plates accompanying Richter's Lehre von der Brüchen and Verrenkungen's der Knocken, Berlin. 1828:

Malgaigne also refers to the little hat of Meibomius, which was modelled on the sound patella, its concavity stuffed with cotton, while its wide brim rested upon the neighboring parts. Also to the wooden cap of Karltschmidt, made in imitation of that of Meibomius, and concludes his notice of the above instruments intended to effect circular pressure, by stating that "nothing like these are in use at the present day; they can not indeed afford either the accuracy of application or the power of those which succeeded them."

In addition to the different rings mentioned by Malgaigne we have also Bass' ring, with its four straps as delineated in Richter's Atlas, from which the following illustration is copied:

Again, Heister, in his great work on surgery, published in 1739, states that he had used with success the ring treatment by means of a perforated plaster, intended to include and hold firm the fractured knee pan after it had been set.

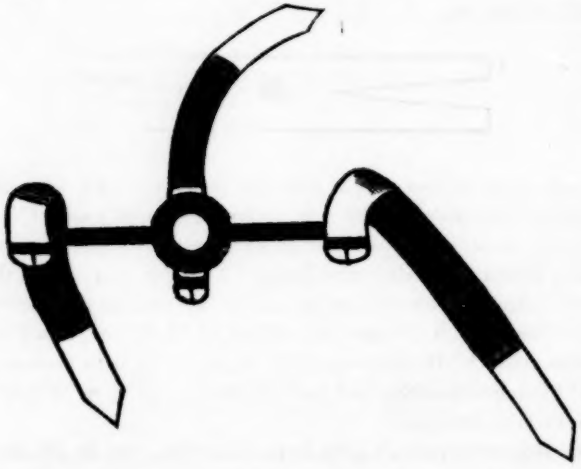
The above references are a sufficient answer to the question propounded by Prof. Eve, "Why was it not suggested sooner?" But it does indeed seem surprising that so excellent, so superior a mode of treatment should have fallen into disuse. And yet that such is the case we have Malgaigne's own testimony, and if we mistake not, there is not even a reference to it in the last edition of Hamilton "On Fractures and Dislocations." We have carefully examined modern German, British, and French authorities, and find no mention of it, or if mentioned, but a very brief reference.

In the *Rapport* sur les *Progres* de la Chirurgie, par M. M. Denonvilliers, Nelaton, Velpeau, Felix Guyon, and Leon Lebbè,* in the notice of the approved methods of treating fractures of the patella no allusion is made to the ring treatment. If Gürlt, in his great work on fractures now in course of publication, has yet reached the fractures of the patella, we have failed as yet to receive that portion of his treatise, but from all that we have been able to find upon the subject, we are disposed to agree with Prof. Eve in his statement that the name of Dr. Gibson, of St Louis, will hereafter ever be honorably associated with the management of a fractured patella, and he has doubtless been the means of reviving

* *Recuiel de Rapports sur les Progres des Lettres et des Sciences en France.*

this method, and we fully indorse all that Prof. Eve has written in praise of this treatment.

Mr. Max Wocher, of our city, whose skill as a manufacturer of surgical instruments is so widely known, informs me that he has made the "ring" for the past fifteen years, and that a wood-cut of it was published some years since in this city in a work on surgery by an Eclectic practitioner. The instrument made by Mr. Wocher, and employed by us, has a spring slightly curved, attached to the upper and lower margins, which spring extends above and below to the extent of some five or six inches. At the extremities of these, broad cushioned bands are made to embrace the limb, and by the pressure thus effected, and which is not at all disagreeable, the fragments are maintained in accurate apposition.



At the end of six weeks, in our case already referred to, we could discover no trace of fracture, and now, twelve weeks since the last fracture, we feel satisfied that there is perfect bony union.

In my patient, who was very corpulent, there was a transverse fracture of the patella, and it was a refracture occurring seven weeks after the first, which had been treated by another practitioner. The fragments were separated to the extent of three-quarters of an inch.

The following is a synopsis of Dr. Gibson's treatment, as we find it reported in the American Journal of Medical Sciences, January, 1867, page 281. "He took a measurement of the sound patella, and had a

ring made of iron (allowing for padding), which he padded well with cotton wadding, cut in strips and wrapped around the ring, over which he applied a bandage. He then placed a well padded splint, twenty-four inches long, to the posterior aspect of the leg and thigh, which was secured by a few turns of bandage at the lower and upper ends, the bandage being loose so as not to interfere with the circulation. He next brought the two fragments of bone into apposition, and placed the ring around the patella, and tied the strips of bandage over the splint, thus securely holding the ring in its place, and keeping the broken ends always in apposition, thereby giving the greatest possible chance for a bony union. At the expiration of thirty days he removed the ring and commenced the passive motion of the limb, and found the union to be bony and complete. The appliance did not give the patient the least pain, and there was no interruption of the circulation by bandages. It was impossible in this case for the patella to escape from the ring, but possibly, in some cases, as of women, when there is a good deal of adipose tissue, and but little prominence of the patella, it may not be so easy to apply the ring; but I am persuaded that it will give entire satisfaction in all cases. I claim, by the application of the ring, to have reduced one of the ugliest fractures of the human frame to one of the simplest for treatment."

Two Cases of Injury to the Head. By DR. J. C. REEVE, Dayton, Ohio Reported to the Montgomery County Medical Society.

Severe injuries to the head, in interest and importance, are second to no other cases which fall under the care of the practitioner. No one in general practice can boast of seeing very many of them; they vary widely as to the symptoms they present, and the symptoms are not so reliable for prognosis as the text-books generally indicate; some apparently hopeless cases recover, and others not apparently severely injured, prove fatal. Not very long ago, Dr. Neal reported to us a case which was characterized by the most severe symptoms, and those usually considered to indicate a fatal result with great certainty, yet the patient recovered. Every case then must be studied by itself, and every case of the kind deserves our careful consideration. For these reasons I beg leave to report two which recently came under my observation; they

illustrate the difficulty of prognosis, and are interesting from the marked contrast they present. I may remark that other cases illustrating a termination directly opposite to that expected from the symptoms, may be found in the Surgical Observations with Cases, of Dr. J. Mason Warren, Boston, 1867.

On the 28th of May, I was called to see a boy about twelve years old who had been thrown violently by his horse, while riding at a rapid pace, coming in contact with a wagon. I found him presenting all the symptoms of a simple case of concussion of the brain. The extremities were cool, his pulse feeble, and he vomited frequently; he was partially conscious, knew his friends who were around him, answered questions rationally, always however in a querulous manner; he swallowed well; respiration was regular; his pupils were natural, and responded readily to light; there was no discharge from the ears or nose; and indeed no external mark of injury any where to be found. If there was anything in the case to give ground for apprehension, it was a greater amount of restlessness than usual; he changed his position frequently and complained of his head, but there were no convulsive movements at any time. In view of all the facts, a favorable prognosis was given. About an hour, or perhaps two hours after the accident, he was moved to his home, the distance of a mile; the lounge upon which he lay, was lifted into an express wagon which was driven slowly and carefully; nothing presented itself indicating that he was injured by the movement. I only felt anxiety as to the issue of the case when after having been got into bed, and warmth had been applied to the extremities, no improvement manifested itself; the pulse regained its volume and force, but his consciousness was no better. The vomiting had ceased and he gradually became quieter, and soon it was impossible to make him respond to questions; finally about midnight, some hours after receipt of the injury, one pupil was found widely dilated, while the other remained as before: his respiration became labored and irregular; and he died in about three quarters of an hour. The change in his condition was very sudden and without apparent cause; the pupils had been examined at least every twenty minutes. About an hour before death a serous discharge began from one nostril and continued as long as he lived.

On the 20th of June about the same time in the evening, Miss W., aged about 20, was thrown from a buggy. I saw her a few minutes after the accident. Her symptoms were in general, very similar to those of the other case. There were no marks of injury externally, and she was in the same semi-conscious state, and requiring rather more effort to elicit

answers than did the boy; vomiting was present, but was not so frequent, nor did it continue so long; the pupils were natural in size and action, and she swallowed well. She was also restless, tossed herself about in bed, and complained bitterly of her head. In addition she presented two symptoms of great quality and importance; blood was issuing from the right ear, and she had an extremely irregular pulse, it was more irregular I think, than in any other case of any kind, I ever saw. In view of the existence of these symptoms, and their marked character, an unfavorable prognosis was given, an opinion that was concurred in by Dr. Neal and Dr. Jennings, both of whom saw her before 10 o'clock that night. Cold applications were made to the head, and the utmost quiet enjoined, and these measures constituted nearly all the treatment; an aperient was given after a few days, more in accordance with the wishes of friends than from any necessity or expected benefit. A detail of the case from hour to hour and day to day is not deemed necessary; a few points may be briefly noted. The bleeding from the ear continued through the night, gradually changed to a discharge of bloody serum, and ceased some time in the following night. The pulse was irregular for at least two days, and after it became regular was peculiarly slow; a week after the injury it ranged at 48 to 52 per minute. On the morning of the third day, just after I had roused her up to test her mental faculties and to examine the condition of the pupils, she had a distinct convulsive seizure of the right arm which lasted about half a minute; this was repeated at intervals through the next twenty-four hours, but in slighter degree. With this exception the case progressed without anything remarkable; the patient was kept in absolute quiet and light excluded from her room; she dozed away the time from day to day until she became convalescent. Her final recovery was perfect, although for a long time she was troubled with a sound in one ear, like the ringing of bells.

Vertical Dislocation of Patella. By Dr. J. M. Boyd, Thorntown, Ind.

On the 12th of February last, I was called to see R— H—, aged 38 years, a rather tall and slender colored man, and found him suffering intensely from a vertical dislocation of the patella. Two days previous to the time I was called, he was attacked with cramp of the muscles of the right foot and leg, and which resulted in a short time in the dislocation above alluded to. Dr. Davis was called in at the time of the attack and relieved the violent muscular contraction, but failed to replace the patella.

Two days after the receipt of the dislocation, I was called, and found the patella firmly locked and embedded, with the internal margin resting in the condyloid cavity of the femur, and the external margin pressing tightly against the integument. There was so much tenderness of the parts at this juncture, that any attempt at reduction was rendered impracticable.

After reducing the swelling and tenderness of the parts, and relaxing to some extent the tendon of the quadriceps, which had up to this time continued in a state of rigid contraction, I made frequent attempts to replace the patella, but failed.

The limb had now been fixed and extended, and the patella immovably locked in its new position for more than two weeks, when I was again called in haste, to see my patient, by his little boy, who said "Something was pulling Pap's knee again." When I arrived, I found he had suffered another violent muscular contraction, but which had resulted this time in drawing the patella into its natural situation, and his suffering was ended. Now, Mr. Editor, will you explain what freak got into the quadriceps, that it should, without any provocation, ruthlessly sieze that great sesamoid and set it up on edge, and hold it there for a period of two weeks in spite of all entreaties to let go, and then of its own free will and accord dash it down in a fit of anger, and seem to mock at all attempts to coerce it. How do you explain such a result on the principle of muscular contraction?

This is an accident of very rare occurrence, and there is no case recorded, so far as I have seen, where reduction was effected by the *counter action* of the same cause that produced it.

Exophthalmic Goitre. By Prof. W. W. Seely, M. D.

My purpose is not to give a history of this remarkable disease, the symptoms of which Graves had recognized and taught in his lectures, and finally published some three years after Basedow had published his concise table of symptoms; only to give the symptoms, ætiology, prognosis, and treatment as nearly as possible, as Wicker has put them in the last edition of his most valuable treatise on the eye, a work which I regard as the highest authority.

The essential symptoms of this disease are functional troubles of the heart, enlargement of the thyroid gland, and exophthalmos, to which must be added a retraction of the upper lid.

The cardiac troubles are an increase in the number of its beats, (from 100 to 200 per minute,) a phenomenon that often manifests itself by very painful palpitations. (While in Basedow's disease, the exophthalmos and enlargement of the thyroid gland may be wanting, the increased frequency of the heart's beats, and the palpitations are constant.)

The heart presents no appreciable lesion, possibly a slight increase in volume, a fact which the increase in its functional activity readily explains. A slight bruit de souffle, single or double, sometimes accompanies these rapid pulsations, an explanation of which is found either in a concurrent state of anæmia, or in the accidental existence of an organic trouble of the heart. It has been positively proved that a physiological hypertrophy of the heart may disappear entirely, if the disease is cured. A decided pulsation in the arteries of the neck has been recorded a number of times as occurring with the dilatation and its accompanying single or double bruit de souffle, these pulsations being perceived as readily by the patient as those of the heart. An increase in the size of the thyroid gland appears along with these troubles in the circulatory organs—a goitre, which as a rule, preserves, especially in men, moderate dimensions—comes on. Cases have been reported where the enlargement of the gland was imperceptible or was absolutely wanting, a fact due probably to the small physiological development of this gland, so subject to normal variations in its size. The goitre is usually better developed on the right than the left, with a seeming power of increasing during the paroxysms of the disease and disappearing with its subsidence; a dilatation of the arteries of the gland occurs, a phenomenon certainly dependent on the circulatory troubles perceivable in the large arteries of the neck; to this dilatation is sometimes added a true hypertrophy of the cellular tissue of the gland.

The symptom that has attracted the greatest attention in this strange disease is its exophthalmos. It generally attacks both eyes, beginning more frequently in the right, and presenting remarkable variations in its development and duration. The appearance of the exophthalmos is usually heralded by a special symptom, a peculiar retention of the upper lid, a retention that interrupts the normally associated downward movement of the lid with the eyeball. This phenomenon must not be regarded as having any dependence on the extent of the exophthalmos, as it is sometimes well marked in cases where even the closest attention fails to discover any projection of the eye.

The exophthalmos can increase to such a degree during the paroxysms, that the eye escapes beyond the eyelids. The organ is driven from the

orbit in the direction of its antero-posterior axis, the expulsive force being a prolonged turgidity of the arteries, which finally dilate, and under the influence of this tension, allow an abundant transudation to take place into the surrounding tissues. The activity which the nutrition of these parts then undergoes, readily explains the hypergenesis of the cellular tissues sometimes found in autopsies. The phases presented by the exophthalmos seem to be due to the progressive dilatation of the vessels of the cellulo-fatty tissue which gradually assumes characteristics analogous to those of erectile tissue, and becomes susceptible of variations in the degree of its turgescence obedient to the afflux of blood and the arterial tension. In cases where a cure has been observed, the exophthalmos has been shown to have disappeared; but it must be added, that when this symptom has once been developed, it is the most persistent of all; a fact which we would be unable to explain were it solely the result of a transitory dilatation of the vessels, and a simple serous transudation. The vision is generally unimpaired, and the reports of the production of a progressive myopia, keeping pace with the exophthalmos, rest on error of diagnosis; for did there occur an anomaly of refraction, it would, on the contrary, be by hypermetropia, the natural result of a shortening of the antero-posterior axis of the eye by its being retained in its protecting cavity by its muscles. An ophthalmoscopic examination sometimes reveals congestion and tortuosity of the retinal veins. The unusual exposure of the cornea to contact with the air, and the traction which its nerves that are distributed to the eyeball undergo during its exposure, explain the inflammatory damage done to the eyes of some patients affected with exophthalmic goitre. These complications have thus far been almost exclusively observed in men. We have found only two recorded cases of inflammatory complications in the female. They were repeated inflammation of the conjunctiva, and certain kinds of keratitis which pursue a course analogous to that which follows paralysis of the fifth pair of nerves, (neuro-paralytic keratitis.) The cornea sloughs, sometimes becomes dry and covered with yellowish crusts, and is destroyed without showing any decided signs of reaction. Among the second order of symptoms may be mentioned frequent vomiting, very painful sensations of heat which cause many patients to seek the cold air, a depression of forces and the ordinary phenomena of a marked chloro-anæmia. The ætiology and nature of exophthalmic goitre, since it has taken a place on the list of diseases, have excited a lively controversy. What now are the principal alterations thus far observed? Circulatory troubles, dilatation of arteries, and a secondary hypergenesis of the elements of the cellular tissue of those parts whose anatomical characters

will allow of the greatest afflux of blood, *i. e.* the thyroid gland, and the cellulo-fatty tissue of the orbit. Disturbances in the circulation herald the commencement of the disease; the anatomical lesions of the different parts of the vascular system of the thyroid gland, and the cellulo-fatty tissue of the orbit follow, evidently dependent on the circulatory troubles, which are themselves dependent on disturbances in innervation. So we are brought to locate the disease in the vaso-motor system of nerves, the nerve fibres and ganglions known under the name of the great sympathetic. We must then seek the origin of exophthalmic goitre in a neurosis of the great sympathetic. It will be readily granted that our knowledge of the affection is not visibly increased by calling this neurosis "congestive"—(Trousseau,) for neither autopsies, nor a minute examination of the cervical portion of the great sympathetic, nor vivisections have succeeded in throwing sufficient light on this obscure question to enable one to give a very precise meaning to the term neurosis as employed here. The ætiology of this disease presents some peculiarities of interest.

It occurs less often in males than females, and seems to attack the latter between the ages of fourteen and thirty-two, while the former not till a more advanced age. In some exceptional cases, the disease has been observed following a wound of the head, but it has been much more frequently seen to follow some strong emotion, deep sorrow, moral depression or bodily privation. Among the intercurrent diseases perhaps predisposing, may be mentioned chiefly, chlorosis and chloro-anæmia, which would explain the frequency of the disease among young girls. The prognosis, though serious in a large number of cases, must not as a rule be regarded as very unfavorable, for the symptoms of the disease have often been seen to disappear of themselves at the end of a few years. Usually the disease lasts a long time, and once the exophthalmos is marked, it becomes the most persistent symptom. It is known that relapses are quite common, and may occur during a true convalescence; the continuance of the abnormal frequency in the beats of the heart, is calculated to keep the physician on his guard. It is well to make a more guarded prognosis in males than in females, for it is in them usually that the gravest forms are developed and corneal complications most frequent. There have been as many contradictory opinions about the treatment of this disease as about the interpretation of the fact its presents; but most authors agree on the point that a debilitating course is the one from which the least beneficial results are to be expected, and that it will be a subject for self-congratulation if one has availed himself of the periods of remission to institute a

tonic treatment, especially if a considerable degree of chloro-anæmia is established.

The preparations of iodine were for a long time much in vogue, but it was not long before it was discovered that these remedies so far from being always advantageous, were by no means always free from danger, in some cases placing the patient in a worse condition. One of the men of the highest authority on this subject (Trousseau,) censures the employment of iodine in any case, while the majority of authors do not prescribe it during the paroxysms of the disease, but wait till after the vascular excitement is over to make a trial of it. But at this period even, for the iodine and iron preparations may be substituted very advantageously harmless therapeutic agents, and recourse be had to purely hygienic measures to a change of air, moderate hydropathy, whey, &c. Some physicians have attacked the goitre and exophthalmos directly by means of the different preparations of iodine, applied externally (frictions of tincture of iodine around the eye;) but often without obtaining any marked beneficial results. The medicines that have a direct influence upon the circulation, digitalis for example, seem to have lost all their efficacy when administered in the disease in question.

The exophthalmos is often treated either for preventing corneal complications or to relieve the deformity caused by it. By tarsoraphy both these ends are accomplished. By uniting the edges of the lids at the external angle for the distance of six or eight millimetres ($\frac{1}{4}$ or $\frac{1}{3}$ of an inch,) closing of the eye becomes possible, and the disfiguring projection is relieved, a point of especial importance in females. Here, more than in any other case where tarsoraphy is resorted to, is the compressive bandage and the strictest quiet indispensable for a few days after the operation, in order to prevent an exacerbation, which manifesting itself by an increase in the exophthalmos could prevent a union by first intention.

It is preferable to produce too extensive a union to too small a one, for a deformity need not be feared, as after the exophthalmos has disappeared, it is always easy to restore its former size to the palpebral opening by the operation for blepharophymosis. The presence of corneal troubles does not contraindicate tarsoraphy; on the contrary, its results have shown that exposure of the eye was the chief cause of these troubles, and that they begin to disappear when a closure of the lids is effected. The action of tarsoraphy in compressing the cellulo-fatty tissue of the orbit is very questionable.

Electric currents have been employed to give tonicity to the orbicular

muscle, and to render its contractions more active; but these, as it seems did not meet with much success.

In cases where corneal complications supervene, and the patients are unwilling to submit to an operation, one must, as far as possible, supply its place by the continued use of compressors dipped in warm water or milk, by instillations of atropine, by moderate compression by means of the bandage.

Local blood lettings, or the use of astringent washes only produce unfavorable results.

Taking the author's view of the pathology of the disease, a neurosis of the great sympathetic, and the fact that a subcutaneous injection of morphine will cause the retraction of the upper lid to disappear momentarily; the theory of the action of this remedy, as being a vaso-motor stimulant, receives a valuable support.

It might be well to state that while this contraction of the upper lid has appeared during pregnancy, it has disappeared with it, and many authors (Basedow, Clarcot, Trousseau) regard pregnancy as having a favorable influence upon exophthalmic goitre.

Gunshot Wound of the Knee-Joint, with Fracture of the Patella. By JAMES I. ROOKER, M. D. Castleton, Ind.

W. W. Rooker, aged 40, farmer, and previously of good health, was accidentally shot in the knee-joint, September 10, 1866. The ball entered the inside of the right knee, fracturing the patella into five pieces, and passing upwards and backwards, lodged in the thigh. An examination was made by several physicians, and every justifiable means to extract the ball was used without success. It was determined to apply cold water dressing, and to "trust to nature." An hour after the accident I was at the bedside of the patient, and had it not been that I had the fullest confidence in the ability of the gentlemen who had already made an examination, I should have attempted to extract the hidden ball.

Mr. R. was removed to his home, twelve miles distant, the following day; his leg placed in a fracture-box, with the heel elevated, and ice water dressing, with an opiate at night, constituted the treatment. On the fourth day there was considerable swelling of the joint, with discoloration of the entire posterior portion of the thigh. The social standing of my patient induced many to visit him, and, as usual, not a few had some won-

derful "healing salve" to recommend, which made it very annoying, as well as difficult to have the treatment carried out. The above course was continued three weeks, at which time it was discontinued, and the limb put in splints, in which it remained for two months. In this case there never was any suppuration. At the present time, Nov. 1, 1867, he is in excellent health, able to follow his occupation as before the injury. The fragments of the patella have united by short ligamentous union.

Remarks. This case is interesting from several considerations.

Showing the good effect of the persistent use of cold water dressing; also that gun-shot wounds, though severe, may do happily without extracting the ball. Dr. Roser (*Medical Times* and *Gazette*), the well known Professor of Surgery at Marburg, and one of the ablest among the German critical writers, has commenced publishing a series of papers in the *Berlin Medical Wochenschrift*, "On some of the Errors of Military Surgery." The first of these relates to "Extraction of Bullets." The saying of Pirogoff, respecting Garibaldi's gunshot wound—that had the presence of the ball been too early diagnosticated, he never would have preserved his limb—has its application, in Professor Roser's opinion, to thousands of cases; for the necessity of hastening to seek for and extract balls is one of the most prevalent among the time-honored prejudices of military surgery. All experience shows that this is wrong; and yet useless and mischievous manipulations are constantly resorted to. This has chiefly arisen from the precepts of the manuals and text-books, and in part from the erroneous idea that the injury produced by the ball is due rather to the irritation and pressure caused by its presence, than to the mischief done to organs and tissues by its penetration. But the maxims may be boldly laid down: that, with few exceptions, the presence of the ball is but an unimportant part of the pathological process; that its extraction is scarcely ever a pressing necessity; that its too early extraction is anything but a conservative procedure; and that, as a rule, its removal is only imperative when prolonged suppuration has to be prevented or terminated.

A Singular Case of Malformation. By Dr. L. Corey, Warren, Ind.

On January 16th, 1868, I was called to see Mrs. J. W. H., aet. 34 years, who is the mother of eight, healthy, well formed, living children. She was in her ninth labor, which progressed rapidly to a speedy termination. Two children were born; one was still born; the other made

several attempts at respiration. From every appearance she had arrived at full term, the head, chest and upper extremities of each child being natural and well developed, including the spinal column and trunk as far as the twelfth dorsal vertebra. The lumbar vertebræ were smaller than natural and very imperfect. The pelvis was one-third smaller than usual, but natural in appearance. The pelvis and lower extremities were reversed in their position, the sacrum being anterior, the pubis posterior. In front and on either side of the spine, opposite the fifth lumbar vertebra of each child, was a small teat three-fourths of an inch in length and of corresponding thickness. The lower extremities were natural in development, but changed in position; the great trochanter seeming to occupy the acetabulum, bringing the inside of the leg out and the great toes on the outer sides of the feet, the heels anterior and toes posterior, making the feet to project directly backwards. The bodies were well covered with integument except in one case a small portion of the abdomen, including the umbilicus, was membranous and gave way during labor, allowing the liver and a portion of the small intestine to protrude. The contents of the thorax and abdomen appeared to be well formed and natural. There was no external appearance of genital organs. The contents of the pelvis were not examined. In appearance and development they were alike in every particular. They weighed at least six pounds each.

Mrs. H. has always enjoyed good health, and states that during her last pregnancy her health had been very good. She also states that she has been free from any unusual mental impressions and thinks that it could not have been possible (admitting such possibility) that any mental impression could have been the cause of the malformation in her children.

Death following the Administration of two-fifths of a grain of Elaterium. By A. G. CRAIG, M. D., Ghent, Ky.

On the morning of the 23d of March, 1868, I was called to see Mrs. G——, aged 70 years, whom I found with dropsy, dependent on disease of the heart and liver. Her abdomen was enormously distended, and there was also considerable anasarca. She had been for several weeks, previous to this time, under the treatment of a homœopathist, who pronounced her case to be "wind in the intestines," and promised a cure in a few weeks. I informed the family that it was not possible for her to recover; that she would live only a short time; and that all I could do would be to give anodynes to relieve her of pain, and prolong life by the

administration of diuretics, hydragogue cathartics, etc. She was very feeble—decubitus on left side. Her skin was cool and dry; pulse 100, small, quick, and feeble; breathing slow and labored; tongue rather dry, and covered with a yellowish coat; considerable thirst; appetite gone, and stomach so irritable that almost everything she swallowed was ejected; bowels not moved for two days, and then with castor oil. I administered to her two-fifths of a grain of elaterium, and took my departure. At four o'clock in the afternoon I was summoned to her bedside. I was informed that a few minutes after she had taken the medicine she commenced purging, and had had a dozen or more watery stools before my arrival. She was greatly prostrated, could only speak in a whisper, and as I approached her she took me by the hand and said "Doctor, I fear you have killed me." Her pulse was scarcely perceptible. I commenced at once with the administration of stimulants, and small doses of opium, combined with the acetate of lead. Her bowels were moved every five or ten minutes—stools watery. The purging was not fully arrested until ten o'clock, P. M. I left at midnight. She never rallied. Death took place at five o'clock, P. M., March 25.

I report this case to warn the practitioner against commencing with the dose of elaterium recommended in the U. S. Dispensatory, 12th edition, page 364: "The full dose of commercial elaterium is often from one to two grains; but, as in this quantity it often vomits if of good quality, the best plan is to give it in the dose of a quarter or half of a grain, repeated every hour until it operates." I learned, on my second visit to this patient, that a tablespoonful of castor oil usually operated within five minutes after administration, and that the sulphate of magnesia, in an ordinary dose, purged her almost as severely as the elaterium, and produced similar dejections. It would be well for the practitioner to inquire into the idiosyncrasies of his patient before administering remedies, which I regret I neglected to do in this case.

Gleanings from Recent French Journals. (Translated by THEOPHILUS PARVIN, M. D.)

Red Coloring Matter produced by Vibrions on Cooked Meat.

The 23d of August 1866, a servant brought to M. Müller the remains of a roasted pullet which, forty-eight hours after its preparation, presented at the surface a blood-red coloration.

From the investigations of MM. Müller and Erdmann, it was shown that this coloration was due to a *vibrion*, analogous to that which in milk

produces the alteration characterizing blue milk; the coloring matter, according to these researches, does not exist in the interior of the *vibrions* themselves, but is a product of the vital activity of these animalcules; conveyed to bread, potatoes, etc., these are perfectly developed in favorable conditions. Alcohol readily dissolves the coloring substance which is less soluble in ether, and still less in water; soluble in ammonia and the alkalies, with disappearance of the color, but this reappears upon saturating the solution with acetic acid; concentrated nitric acid, sulphuric acid and chlorine water destroy the coloring matter. M. Müller gives some historical notices of abnormal coloration of articles of food, and his investigations into the nature of the coloration of the above mentioned chicken and the character of the vibrion.

It appears from these notices, derived from a work published by Dr. Ehrenberg, in *the Bulletin of the Berlin Academy*, that this vibrion, to which he gave the name of *Monas prodigiosa*, has been the cause of certain phenomena that very many have considered and may yet consider as miracles. The discovery of the *monas prodigiosa* robs of their mystery certain facts which have been reported miraculous, and still more causes us to regret the excesses which fanaticism has caused to be committed. As the basis for this last assertion, it will suffice to recall some of the facts reported in the work of Dr. Ehrenberg, and reproduced in that of Müller.

Here are briefly two of these facts, of which the simple narration renders needless all comment.

In 1296 a *gamin* stole the consecrated host from a church of the environs of Frankfort-on-the-Maine, and sold it to a Jew. The latter thrust a sharp instrument into this host, and to the great astonishment of all the bystanders, blood oozed from the puncture. This extraordinary fact was soon known to all the inhabitants of the locality and of the vicinity: they assembled and, with flags at their head, went *en masse* into the neighboring cities, and massacred all the Jews whom they succeeded in capturing. The number of victims is estimated at about ten thousand.

In 1510, at Berlin, thirty-eight Jews were condemned to death by fire, for having torn a consecrated host until the blood oozed from it.

It follows from the researches of doctor Ehrenberg, that this blood was nothing else but this coloring matter produced by the *monas prodigiosa*.

This animalcule, measuring from $\frac{1}{3000}$ to $\frac{1}{8000}$ of a line in its longest diameter, has been the cause, by the influence of fanaticism and superstition, of acts of cruel injustice and of excesses that can not be too much regretted.—(*Le Courrier Medical. February 23nd* 1868.)

Strangulation of the Penis by Seven Metallic Rings.

At a recent session of the *Societé Médicale des hôpitaux*, M. Guibaut reported the following case:

Some days ago I was called in great haste and in the most urgent manner to give my professional services to a patient who was said to be dying. I found my patient, a man more than fifty years of age, in bed, his face swollen, his eyes wild, his countenance expressive of severe suffering.

Upon seeing me he said, "*I wished to secure a few minutes of pleasure, and that is about to cost me life, for I know well that I will never recover.*"

At the same time he uncovered himself, and I saw his penis quite black, and in the most complete turgescence that could be imagined. Upon further examination of this penis, cyanosed and of gangrenous hue, I observed that its base was narrowed, compressed by metallic rings half hidden by the hairs of the pubic region. At this unexpected appearance I ran to the house of M. Adolphe Richard, near my patient's, and a few minutes after, each armed with scissors for cutting metallic plates, and cutting forceps, we endeavored in vain to divide the rings. These, *numbering seven, were iron, and of considerable size.* They were in immediate contact with each other, and the instruments of M. Richard could not cut them.

I then repaired to one of the ablest watch-makers of the vicinity, M. Echinard, who, with the most praiseworthy promptness, accompanied me to my poor patient. By means of a *watch-maker's saw*, M. Echinard assisted by M. Richard and myself, succeeded with great difficulty and after having broken six or seven saws, in cutting two of the rings. The rest of the saws were dulled, powerless against the third ring. Fortunately at this moment M. Mathieu, whom I had sent for arrived. He brought with him stronger instruments. The rings were isolated; a spatula was slipped under each of them in succession, and while M. Richard held them firmly with strong forceps, M. Mathieu, with his well-known ability, accomplished their section by means of a saw. When each ring was cut, its two extremities were seized by strong forceps, and vigorous traction made in order to separate them sufficiently to permit the disengagement of them from the penis. Thus this long and difficult operation was terminated. It was half-past ten in the evening, and the strangulation had existed since eleven in the morning.

Baths, cataplasms, rest effaced in eight or ten days the local marks f a mental aberration which had nearly cost the life of the patient.

Such, gentlemen, is the strange and curious case of which I was the witness, and which I present for your consideration.

What was the object of this man in inserting his penis in a series of metallic rings? He told me it was to procure voluptuous sensations. How could these sensations be produced? What was their stimulus? Why use seven rings? Did he wish to have his penis iron-clad in its entire length? Interesting questions, truly, but we did not wish to seek their solution, because of a sentiment of prudence, and of commiseration for the extreme embarrassment that the unhappy patient experienced.

Our much esteemed and regretted master, M. Natalis Guillot, related to me, more than twenty years ago, an analogous case. It concerned a baker who had amused himself by introducing his penis into his wife's wedding-ring. As this ring was gold, M. Guillot had the happy thought of taking a bath of mercury, into which he had the penis placed, and in a few minutes the ring was completely broken and dissolved by the mercury.—*(Ibid.)*

Influence of Mercury upon the Composition of the Blood.

At a session of the Medico-Chirurgical Society of Paris, Dr. Grassi made the following communication: When I was chief *pharmacien* of the *hôpital* du Midi, I analyzed the blood of all the syphilitics who were subjected to mercurial treatment. I first analyzed the blood of a patient upon his entering the hospital, prior to treatment. In case the patient had had syphilis for some time, I found the blood poor in globules; then, once the treatment was commenced, every eight days 150 *grammes* of blood were abstracted, and notwithstanding these repeated bleedings, I ascertained at each analysis that the globules were increased in number, consequently the blood was restored. Far from destroying the globules, mercury wisely administered restores them.—*(Ibid.)*

Researches upon the Metamorphoses and the Mode of Elimination of Iodic Acid, and of the Iodates introduced into the economy.

Dr. Robertson, publishes in the *Gazette Hebdomadaire*, these investigations. We do not propose a translation of his articles, but merely mention some of the conclusions at which he has arrived.

Iodate of Quinine. Easily prepared by saturating iodic acid with qui-

nine: almost equal parts are required. A gramme of the salt was given to a dog, and an iodide found in the urine.

The iodate is very soluble—a gramme readily dissolving in ten grammes of water at the ordinary temperature, and the power of solution increased by an increase of temperature. The sulphate of quinine can then advantageously be replaced by the iodate, as this is more easily administered.

The iodates tend in the organism to assume a more stable state, being changed into the iodides.

The author states that he is administering the iodate of sodium—which is remarkable for the rapidity of its metamorphosis this being evident in ten minutes—in the dose of a gramme every two days in a case of tertiary syphilis: but the therapeutical value of the iodates he proposes to consider at length in a special work.

Scarlatina in Paris.

We call attention to the extreme rarity of scarlatina in the hospitals, and to its benignity for some years past. In 1866, there were 35 deaths from scarlatina in all the hospitals. In 1867, the mortality diminished to 8, and the number of subjects attacked from 151 to 84. This very important fact is so much the more remarkable as it is quite peculiar to our country, or at least to the city of Paris. Berlin, with a population of only 656,251 had for the year 1866, 264 deaths from scarlatina; Vienna, with only 590,000 inhabitants, 396: Paris, which contains 1,825,274 inhabitants, had for the same year only 82 deaths, while London, with a population not more than twice as great, had 1,885 or almost twenty-three times as many. If these figures are not disputed, they furnish a proof of the inferiority of the *role* of a true contagion, in comparison with epidemic influence, in the development, the transmission and propagation of the most contagious epidemic maladies.—*Gazette Hebdomadaire.*

Dr. Reeve on the Use of Forceps.

Our friend Dr. Reeve, whose contributions so often enrich the pages of this JOURNAL, has an admirable review of Elliot's *Obstetric Clinic*, in the April issue of the American Journal of the Medical Sciences;

and from this review we make the following extract, believing it conveys most important practical instruction. T. P.

But we consider that the author has failed to express himself plainly and decidedly upon the greatest and most interesting question connected with the use of the forceps. To confine the application of the instrument only to cases of deformed pelves, would be, in our opinion, sadly to limit the benefits it is capable of conferring. The most extreme views have been held as to the circumstances which render a resort to assistance in labor justifiable. In not very remote times it was taught that the head must have rested for six hours on the perineum before using the forceps; and even by respectable authority of our own day, the doctrine is laid down that we are not to interfere with the labor "until perfectly satisfied that the obstacle *can not* be overcome by the natural powers with safety to the mother and child" (*Churchill*); and that to "deliver by the forceps merely to abbreviate a slow but natural labor, is highly improper" (*Murphy*, 2d ed.), and renders the operator especially reprehensible for any departure from ordinary convalescence which may follow. This school would wait until certain symptoms—as a frequent pulse, tender abdomen, a hot and dry vagina, betokened danger, before they would become more than passive spectators of the painful struggle. But there is a more modern, a more humane, and we believe a far larger school; its doctrines are that it is far better to anticipate danger than to wait until a morbid train of symptoms are set going, the cessation of which no one can foresee; that it is our duty to aid the powers of the women; and that, above all, her sufferings deserve consideration at our hands, and that it is our duty to abbreviate them whenever possible to do so with safety. Now, to which of these schools does Dr. Elliot belong? He expresses himself very moderately to the intent that the greatest danger is likely to be from delay; but he does not express himself very strongly in favor of interference. We will quote what he says upon the period for operating:

"It is easier to lay down rules than to seize the fortunate clinical moment. After a man has seen enough of difficult midwifery to have anxiously watched in consultation for the fitting moment to have finally operated, and then to have regretted that he had not waited longer; and, on the other hand, when in like circumstances he has regretted that he did not operate before, he at last understands the perplexities of the question.

"I believe, however, that among practitioners competent and accustomed to perform obstetric operations, the chief tendency to evil results from delay and trusting to the efforts of nature; an error to which they are inclined by a knowledge of the powers of nature, and a familiarity with the difficulties and the risks of operative midwifery.

"Practitioners not accustomed to perform obstetric operations, but well educated in the theory, are more liable to err in the opposite direction from exaggerating the necessities for operative interference, and from underrating its risks. Especially may this be true of those who have fortunately been successful in a limited field, and see no reason to anticipate other results. 'He jests at scars who never felt a wound.'

"In competent hands the operation had better always be performed too soon than a little too late."

There is just enough conservatism in this, we think, to render the inexperienced practitioner timid, and nothing to enlighten him as to the symptoms by which he shall judge as to the "proper time" for resorting to instruments. Would Dr. Elliot wait for the "olive-colored discharge" from the vagina before operating?—we judge not; yet he does not take the opportunity presented by cases 98 and 99 to warn against too long reliance upon the powers of nature. But undoubtedly the wards of Bellevue Hospital do not present frequent examples of the class of cases in which we believe the forceps should be far more frequently used. They appear in the "better classes" of our cities, and the causes producing them are daily increasing, and the consequent increase of a necessity for instrumental aid in labor is far more strongly favored by them than by the importation of deformed pelves from the old world. Luxurious and enervating habits weaken the bodies of our women, a faulty education and the frivolous pursuits of fashionable life render their nervous systems unduly excitable, and illy fitted to bear the trials of parturition; the process is prolonged simply for want of power to exercise the auxiliary force under voluntary control, and if much prolonged the system experiences a shock from which it but slowly, if ever, struggles back to health. The experience of every practitioner will furnish numerous instances of this kind—cases in which the first stage has extended over twelve, fifteen, or twenty hours of severe suffering, perhaps the membranes having ruptured at the beginning of the labor. To this succeeds the second stage, which may not last very long, or be very severe before the patient's strength fails; the head has reached the lower strait, but she is worn out and exhausted; hope deferred has made her heart sick, and exhortations to "courage," and assurances that she is "doing well," have become a hollow mockery to her ear; she can no longer bring to bear the expulsive powers of the abdominal muscles from fatigue, or she is restrained from doing so by pain occasioned by the pressure upon the floor of the pelvis, the last obstacle to be overcome. Thus matters may remain through long hours of suffering, and thus they are allowed to remain in the hands of those who teach the doctrines we have alluded to, balancing a final triumph of the powers of nature against utter exhaustion on the part of the mother, and the loss of the child. If we interfere, there is only the choice between ergot and the forceps. Of the former we need say nothing additional, and we look upon it as one of the most surprising instances of inconsistency that those who decry the use of the forceps in such cases are those who resort to ergot, against which so many well-grounded objections can be brought. But the application of the forceps in such cases is comparatively simple, and as devoid of risk as easy of execution; while, compared with the speedy relief it affords, no operation known to our art can compare with it. For such cases they are far more frequently required than to overcome the obstructions of a deformed pelvis. Cazeaux says nine times out of ten they are applied to overcome the resistance of the muscles of the perineum; and Barnes makes a similar statement. While, therefore, we would not go as far as a recent writer, and advocate the use of the instrument whenever "the

second stage ceases to be actively progressive," we believe, as does Barnes, that we "are far from having utilized the powers of the instrument to the highest legitimate extent." As we would with anæsthetics spare the woman's nervous system by moderating her sufferings, so would we with the forceps, by shortening their duration.

Those who advocate more active assistance to women during parturition must always expect to meet the objections which always have been advanced against it. The most serious, of course, is mortality; this will be urged notwithstanding Simpson has so plainly shown that the mortality of both mother and child increases in a direct ratio with duration of the labor. Yet how especially difficult is it to obtain fair statistics as to forceps operations. They include the most difficult and the simplest cases; those in which the instrument has been used at the proper time, and those in which many hours of delay have already rendered the condition of the woman precarious. The fairest statistics would be those made up by men who resort to the instrument freely and extended over a large number of cases. These are at present lacking to any great extent.

The question of mortality, too, has its double aspect, that of the alternative and severer operation which follows if the forceps are rejected or their application too long delayed; and although we are advocating their use in a class of cases little likely to require craniotomy, yet the fact that as the forceps have been neglected the use of the perforator has increased, has its bearing, and should be admitted into the pleadings. Thus we have the well known table given by Simpson which goes from Siebold with one forceps delivery to every seven cases, and one craniotomy in 2,093, to Madame Lachapelle with forceps once in 293 cases, and craniotomy once in 1,854; to Collins with one forceps delivery in 617 cases, and craniotomy once in 141. He carried reliance upon nature to the extreme, and the results are patent! Yet this table, despite the high authority from which it emanates, does not give truly the other end of the scale. Fr. B. Osiander, during thirty years' administration of the Göttingen Lying-in Asylum, used the forceps once in every 2.5 cases; yet he only used the perforator once in his life! How many labors he attended we can not say, but the deliveries in the institution alluded to numbered 2,540.

In regard to the other serious objection to operative interference with labor, that lesions may be produced by an unskillful use of the instruments, we shall borrow Dr. Thorburn's reply, that we have no more right to debar suffering woman from the advantages to be derived from instruments on the ground that they may be clumsily employed, than the surgeon has to counsel the utmost delay in hernia, because a bungler might wound the bowel. But the truth is, authority is almost unanimous that it is the prolonged pressure of the child's head which produces sloughing of the maternal tissues and fistulæ, and not the use of instruments. This has been shown by Simpson, and Beatty, and Hodge, and Cazeaux, and numerous others. We may add to their testimony here that of Baker Brown, who, before the British Medical Association, said that "out of about 100 cases of lesions following labor, 90 per cent. were attributable to protracted labor The idea that they were produced by the use of in-

struments was a farce and a bugbear." Joulin states that he availed himself of the ample experience of Jobert for the solution of this question, and had access to an inedited manuscript containing the statistics of 150 cases; the opinion of that eminent surgeon was decidedly that "fistulæ are *always* the consequence of too prolonged labor, and *never* result from an early application of the forceps." In our own country, out of 250 cases given by Dr. Emmet, not more than three cases resulted from instrumental delivery, and "these were cases of malpractice, and of no value in a statistical point of view;" all the rest were from delayed labor. Now, if there be a question in medicine which may be considered settled, surely it is this; it was only reconsidered here because of the pertinacity with which the objection is advanced by those who are opposed to operative interference with labor except as a dire necessity.

Were the doctrines we have advanced in regard to an earlier and more frequent resort to the forceps, and in regard to their use as a means of saving suffering, the expression of individual opinion only, they would deserve little consideration. But we believe they are the expression of a phase of professional opinion; that the tendency to reaction against the doctrines of fifty years ago is strong; that it is marked even in Great Britain, the peculiar territory of the let-alone doctrine, the country which gave to the world the forceps, and has furnished the strongest example of the extent to which they can be neglected; and that in this country, where a greater predilection for instrumental assistance has always been shown, there is at the present time a decided feeling in favor of an earlier resort to it. It is for these reasons we regret that Dr. Elliot's work contains nothing upon this matter, no admonition to the young practitioner that to minister to suffering is second only to the great mission of his life; or, on the other hand, no counsel to stay his hand for fear of the mischief he may do. The author, we doubt not, will contribute to the current by the recital of so many cases in which he resorted to the forceps; but he does not note its direction, its strength, or the probable duration of its flow.

Fracture, with Displacement of the Vomer; Successful Operation. Reported by JAMES BOLTON, M. D. Read before the Richmond Academy of Medicine.

W. H., a boy æt. 7, received contusion of the nose, July 1860.

Present Condition. A scar crosses the bridge of the nose and there is some distortion of this feature. The right nostril is closed by the protrusion of the septum into its cavity. The septum is convex on its right surface, and is deeply concave on its left surface. Firm pressure produces little or no effect towards restoring it to its normal position. The vomer, as well as the cartilage, is involved in the displacement. The child suffers great inconvenience from the closure of the nostril, especially when affected by coryza.

After much reflection I devised the following

Operation.—Having procured a pair of common button-hole scissors, I

filed out the notches so as to make them much deeper and longer. I then procured a pair of dentist's cutting-pliers. The positions of the blades of these instruments are of course at right angles to each other. Having anæsthetized the child with chloroform, I opened the scissors and passed a blade into each nostril entirely across the displaced portion of the septum. I then closed the scissors firmly, cutting through the septum horizontally. I then inclined the handles of the scissors upward and then downward, cutting through the septum each time obliquely to the first incision. The notches in the blades included between them the lower portion of the triangular cartilage. Thus the latter escaped cutting and contusion.

The dentist's cutting-pliers were then introduced ln a similar manner, and the septum was cut across in a vertical direction.

In this manner about eight triangular flaps were formed, having their apices at the centre of the displaced portion and their bases at its circumference. I then passed in a pair of broad forceps, and seizing each triangle in succession, fractured it at its base.

I had no difficulty then in replacing the fragments, which I kept in position by cramming gently each nostril with lint. This dressing was continued for about three weeks, when the cure was found to be complete.

Since the treatment of this case, two similar ones have been treated by me in a similar manner and with a like result.—*Richmond Medical Journal, April* 1868.

Notes Respecting Non-uniting Fractures. By GEORGE W. CALLENDER, Assistant Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital.

After referring to the statements made by Amesbury and Hamilton respecting non-uniting fractures, the author relates a series of cases to show that the union of a broken bone is never prevented, although it may be delayed, by constitutional causes. Instances are given of the repair of fractures in cases of recent and long-standing paralysis, and cases of non-union occurring during childhood are incidentally referred to. The results of the treatment of fractures at St. Bartholomew's Hspital during the past seven years are mentioned; also the history of a case of non-uniting fracture of the thigh, and cases of non-union from special local causes. It is concluded that three well-defined varieties must be enumerated of fractures which fail to unite:—

1. Fractures, not inaptly termed spontaneous, which ensue from diseases of bone; in which it is evident that no union is likely to take place.

2. Fractures with separation of the bone and periosteum to such an extent that there can not be thrown out bone material enough to fill up the gap between the fragments; occurring through bones not provided with periosteum, when it is difficult to keep the broken ends together.

3. All fractures other than the preceding; and in these cases, although union may be delayed, it never ultimately fails, except as the result of bad management of the injury.

Several cases are narrated to show the effect of non-uniting fracture upon joint movements, and the teatment of those injuries where the thigh is the bone involved, is briefly referred to. Cases are cited in illustration of the great length of time after the lapse of which a fracture, if properly treated, may be repaired, and the occasional good results from mere fibrous union are illustrated by pathological observations. The question of joint-stiffness after fractures is considered, and the importance of not interfering with such stiffness until the fracture is firmly united is insisted upon, and reasons are given for the presumption that such premature interference by the use of passive movements is a frequent cause of non-union.

The following are the conclusions arrived at :—

Non-union of an ordinary fracture should never occur.

Under careful treatment bones will unite two years or longer after the occurrence of the fracture.

It is reasonable to suppose that such fractures would have united at an earlier period, if properly treated.

Treatment of delayed union should consist—

1st. In the improvement of the health, and in the avoidance of local obstructions to the circulation.

2d. In placing the broken bone in the best position attainable.

3d. In leaving it at rest until it unites, its doing so being a simple question of time.

4th. In avoiding all attempts to overcome stiffness of joints adjacent to, but not involved in a fracture, until the bone is firmly united; and this applies also to the management of fractures which unite in the usual time.—*Royal Medical and Chirurgical Society.—Lancet, April 4th* 1868.

Experiments with Fougera's Cod Liver Oil.

During the past autumn and winter, a trial was made at the out-door department of Bellevue Hospital of the Iodinized Cod Liver Oil, prepared by Mr. Fougera, of William street, with the view to ascertain whether or not this oil possessed any advantages over the ordinary uncombined cod liver oils. Before giving the results it is fair to say that no other kind of practice presents so few facilities for forming a decided opinion of the merits and efficacy of any medicine as that of a dispensary. In a hospital the physician has the assurance that his directions in regard to the administration of the medicine will be faithfully carried out, and has, moreover, generally an opportunity of observing the result. In private practice, also, he has this latter advantage, though not always the former. In a dispensary practice he has neither. The medicine may or may not be properly administered. If the patient recovers he generally thinks it unnecessary to come back to report his cure. If he thinks he is not improving he will probably change to some other dispensary, and the case is lost. An opinion must be formed from the few cases that continue under treatment throughout the case, or by observing whether the patient had improved from visit to visit, though the cure was

yet incomplete. The advantages claimed for Mr. Fougera's cod liver oil are, that by reason of the addition of iodine, bromine, and phosphorus, it is more efficacious, and at the same time the stomach need not be disordered by an excessive amount of oil administered. This oil was given to about eighty patients, about thirty of whom were children, the remainder belonging chiefly to the department of chest diseases. Owing to the difficulties above mentioned, no statistical account of the result can be given; but the opinion of the physicians using it is nearly unanimous to this effect: that the oil is of decided medical value; that compared with ordinary cod liver oil, it appears to take effect more rapidly; and that it obviates the very common necessity of adding extemporaneously to the oil, medicines containing iodine or iron, particularly the syrup of the iodide of iron. In private practice, where the price of the article used is not of much importance, it would be worth while to give this preparation a trial.—*N. Y. Medical Journal.*

BIBLIOGRAPHY.

Manuel de l'Art des Autopsies Cadavériques, surtout dans ses Applications a l'Anatomie pathologique. Par le docteur Emile Goubert, President de la société des naturalists de Paris, etc. Paris, 1867, chez Gernier Baillièu.

Manual of the Art of Post Mortem Examinations, particularly in its Application to Pathological Anatomy. By Dr. EMILE GOUBERT, President of the Society of Naturalists, Paris, etc..

This manual treats of a subject that has been strangely neglected by medical writers. Its preparation has heretofore involved much labor and many difficulties. When one has had many predecessors in the same field, it is not difficult to make a book—a plan may be found already made, which may be modified to suit one's purpose. Choose a book, add a little here, and take away there, place the end at the beginning and the beginning at the end, change the divisions, replace the author's observations by others of your own, give the same facts a different interpretation, introduce one or two new theories, comment on them by the aid of some other book, do this, and presto, a new book is made. Certainly very many books are made in this manner, and speaking in general terms, we may say 'that books are made of books and not otherwise.'

When, as sometimes happens, little or nothing has been written in relation to the subject on which one proposes to write, a much more diffi-

cult task is presented. Materials must be gathered and arranged upon an original plan. When this has been done a creation has truly been made, but one, that in order to be perfect, requires yet much labor; as it will be found that important materials have been left out, and others badly placed, rendering it necessary to remodel the entire work, in order that it may be, as a whole, just and harmonious in its proportions.

As we have said, but little has been written on the art of making microscopic examinations, and consequently we find that M. Goubert has produced a work that is almost entirely new from beginning to end.

The importance of the subject can not be questioned, for in these days when master and pupil rival each other in their zeal to make examinations of the cadaver, and "demand from death some new secret," it is well to know the best methods of making such examinations. Cl. Bernard has said that "to study death is to learn the mystery of life, for death being the opposite of life, to learn how one dies, is at the same time to learn how one lives." But to always learn by *post mortem* examinations how and why a patient died, it is not only necessary to be familiar with the appearance of the various organs when in a healthy state, and the alterations produced by disease, but also to know how to seek for pathological changes in a scientific manner. To learn how deficient the majority of the profession are in this kind of knowledge, one needs only to witness a few post-mortem examinations, made by those who are not familiar with the art of making them. Much would be accomplished by the manual of M. Goubert, in the way of supplying this needed knowledge, were it not that the majority of the profession in this country are not familiar with the language in which it is written. We hope, however, that the work will be presented to us in an English dress, or that some one of the many American physicians well qualified for the task, will present us with an original work of a similar kind.

M. Goubert divides his work into three parts; the first and second only being contained in the volume before us. An introduction of 49 pages is devoted to the history and utility of post-mortem examinations, together with a description of the plan of the work; 23 pages contain preliminary considerations, including the laws existing in France in relation to the examination of dead bodies, the knowledge and the appliances necessary for making such examinations, examination of the exterior of the body, method to be followed in opening the same, etc. In speaking of the best mannər of removing from the hands the cadaveric odor, he says that soap, and the chlorides ordinarily used are insufficient for the purpose; but that a solution of the permanganate of potassa will instantly

destroy it. This salt being expensive, it is desirable to replace it by something cheaper. Carbolic acid in solution will fill every indication, being at the same time cheap and entirely effective. It is not only a matter of comfort that the hands be thoroughly disinfected after making these examinations, but it is absolutely necessary, in order that the physician may be sure that he will not carry disease to his patients.

The first part of the work is comprised in 22 pages, and describes the best methods of opening the various cavities of the body, and at the same time figures and describes the instruments generally employed in microscopic researches.

The second part contains 440 pages, and also contains directions for the dissection and examination of the various organs, both with the naked eye and with the microscope. The normal appearance of the organs are briefly noticed, together with the pathological changes likely to be met with. The directions given for making the various dissections are plain and simple, and his manner of making them is perhaps the best that can be followed.

The volume is handsomely illustrated by 145 figures interspersed throughout the text.

The third part will describe the chemical and microscopical examinations that are commonly required after post-mortem examinations—the manner of making microscopic examinations and a chapter on injections, and the preparation and preservation of anatomical specimens, both wet and dry. We hope that we will not have long to wait for this third part which promises to equal in interest and value to the parts already published. J. R. W.

On Chronic Alcoholic Intoxication, with an Inquiry into the Influence of the Abuse of Alcohol as a Predisposing Cause of Disease. By W. MARCET, M. D., F. R. S., etc., etc. First American Edition. 12mo., pp. 178. Price, $1.50. New York: Moorhead, Simpson & Bond, Publishers. Robert Clarke & Co., Cincinnati.

This little volume presents itself in a style of mechanical execution which reflects credit upon its publishers. The book is a step in the right direction. We seriously need more general knowledge on this subject. This is an able pioneer, and although ably presented by so distinguished an author, it in itself shows how little attention the profession has given the subject.

After an introduction, the work proceeds as follows: Action of Alcohol in Health; Symptoms of Chronic Alcoholism; Predisposing Causes;

Immediate Causes; Allied Affections; Treatment; Oxide of Zinc; Treatment of Chronic Alcoholism with Oxide of Zinc, &c., &c., interspersed with accounts of cases, together with a table of forty-eight cases, treated by the author at Westminster Hospital.

The special point of the work is the use of Oxide of Zinc in the treatment of these cases. The known therapeutics of this remedy, refer its effects mainly to the nervous system. Its good effects in those nervous derangements peculiar to the chronic effects of alcoholic intoxication are fully and satisfactorily given. The treatment of the many gastric and intestinal troubles, so annoying in most of those cases, is not very satisfactory.

Therapeutical means for controlling the morbid appetite, which carries so many who try to reform back to their former habits, have not been given to any extent. The routine of futile moral influences, mental diversions, change of associations, &c., &c., are advised; but these have long since been demonstrated as very unreliable.

This book is a commendable one so far as it meets our wants, and is a promising germ for a future literature on the subject treated. Medicine demands more in this direction, and we may look hopefully to our Homes for Inebriates, &c., for valuable facts and results in the treatment of chronic alcoholic intoxication. W. J. E.

Duties of the Medical Profession. An address before the class of 1868 of the Department of Medicine and Surgery of the University of Michigan. By E. O. Haven, D. D., L. L. D., President of the University.

We wish this plain-spoken and admirable address could be widely circulated throughout the country. It would remove much error, and dispel much prejudice, and impart much wholesome information in regard to the medical profession. The author is not a medical man, therefore in copying the following paragraph we cannot be accused of self-laudation:

There is no department of thought and activity in which more stupendous and unremitting efforts are made, than to ascertain the origin and cure of disease and the means of improving and prolonging life. The efforts to discover the source of the Nile are trivial compared with the efforts to discover the source of every ill that flesh is heir to. The literature of the medical profession is the most practical literature in the world. Nothing is more alien to the habits and temper of a thoroughbred physician than to spend his strength in the endless mazes of imagination and speculative reasoning, but the constant effort seems to be to gather facts, discover laws, and obtain control over the nature of man.

Neither can we refrain from quoting the following *for the benefit of those who have sinned*, since it was not written by one of the profession:

Do you suppose that if those ministers of religion who, bribed by a bottle of bitters or a box of pills, append their names to a recommendation of those unknown mixtures, knew that they were thereby insulting a great profession, who have too much regard for human welfare and too high a sense of honor ever to approve a secret medicine, they would do it? No.

The struggle of the homœopaths to gain admission to the University, the success of which we have elsewhere noticed, will account for the following:

For instance, we often hear it stated that there are two great rival schools of medicine or classes of physicians in this country, the homœopathic and the allopathic. Those who entertain this notion will be surprised at the assertion that there is not, and probable never has been, an allopathic doctor in this country. And yet I suppose it is so. You may have heard of one; I never knew one, and my acquaintance has been large in the profession. Homœopathy is a name assumed by a class of men to describe their own believe and action, and is a proper appellation, self-chosen; but allopathy is a nickname given by them to the regular medical profession, who justly repudiate it as a name not chosen by themselves, and as expressive of a lie. No regular physician, I suppose, practises exclusively on the allopathic principle, or even, indeed, any very large proportion of the time. Certainly the authorities do not recommend it, and never did. Often it will be your prerogative to assist nature, neither homœopathically nor allopathically, but to secure such favoring circumstances as shall lead the disease to expend its power safely, and leave the patient uninjured, perhaps benefited.

We cannot make further extracts, but very much regret that we cannot present our readers with the entire address. If this is the last appeal from the University for legitimate medical science, the old ship goes down gallantly with flag flying! R.

Annual Report of the Board of Health to the City Council of the City of Dayton, O., for the year ending March 1st, 1868.

We never visited Dayton without some feeling of regret that the fates had not allotted us our abode in it. "Beautiful for situation," to its natural advantages have been added numerous evidences of what human industry, taste and wealth can do to make a substantial, prosperous, and attractive city.

We are not surprsied that such a city should have a Board of Health—not mere figure-heads and nonentities, given position by decree of a party caucus—but a positive power for the people's good; but we did ex-

perience some surprise at the thoroughness with which this Dayton Board at a small expense too, only some $320, has done its work, and the valuable statistics and instructions embodied in the report.

The Health Officer, Dr. Thos. L. Neal, deserves no little praise for all these things; and and we congratulate him upon having published a report most creditable to his spirit as a philanthropist and to his culture as a physician.

The report contains tables giving the entire number of deaths and births since June 3d, 1867, the period when the Board was organized. From these tables we learn there have been 329 deaths—174 males, 155 females—and the births 440—266 males and 174 females. The greatest mortality was in July, the least in October.

Following these tables are some remarks, entitled "*General Sanitary Condition*," and from them we extract the following:

"There are, no doubt, many causes affecting the salubrity of cities, and, indeed, neighborhoods, which in the present state of sanitary science are beyond our ken, but so much has been demontrated of late years, that, knowing the causes of a large class of diseases, we can with positive certainty name them *preventible*.

The study of the art of preventing disease dates as far back as we have a record. The Mosaic code was a full and comprehensive system of hygienic laws, and a glance at the ruins of the aqueducts, mains, sewers, etc., of Rome, shows that that great people were well versed in the art of preserving life and health; and, that a nation which carried its conquests over almost the whole world, owed its character for endurance, activity, and mighty prowess, to something more than accident. In the relapse of the Middle Ages—the time when the ravages of disease were more potent than at any other in the history of man—the three great props of sanitary science, cleanliness, temperance, and good food, seem to have been in a great measure forgotten, and to the reigning devils were attributed all the calamitous plagues which depopulated the earth during the age so happily named dark. We live, as we are pleased to think, in an age of reforms, but we risk the statement that in no one thing can better results be shown than in the improvements arising from the proper application of sanitary knowledge to the protection and elevation of human life. The records which have been kept in some parts of Europe show that a child has five chances to arrive at the age of twenty where it had but one three centuries ago."

The subject of the *Registration of Births* is then spoken of:

"It will be seen by the records that there have not been full returns made in this department. When it is considered that the functions of boards of health comprehend nothing less than a sanitary government, assuming not only to advise, but if necessary to direct in matters appertaining to life and health, the importonce of "vital statistics and hygienic conditions connected with the natural increase of population, and with it the waste and preservation of infantile life should be constantly known

and registered." There are other considerations affecting the rights of society, the state, every individual father and mother, and, indeed, the new-born child itself, which cannot longer be disregarded, and the law makes it incumbent upon us to make and keep a faithful record of all births occurring in our midst. There has been, pretty generally, a hearty co-operation on the part of physicians and midwives, although it must be confessed there are a few who affect to think it somewhat burdensome to keep a memorandum and send the Board a duplicate in detail of births coming within their professional observation. In order to encourage physicians and midwives, and to give as little trouble as possible, the blanks for birth returns should be printed in *duplicates*, with directions to tear off one, and keep the other in a stitched book of forms furnished by the Board. An accurate and comprehensive system of registration affords means by which both lineage and the law of population can be studied at any time in the future, and the purposes of a sanitary government cannot be fully sustained by anything less than a rigid enforcement of the requirements of this branch of vital statistics. It is observed here as elsewhere that the parents of foreign birth exhibit more readiness to have the birth of their offspring registered than those who have not known the advantages to heirship and lineage from a civil registry in most European countries. Several important deductions can be made from the records, but owing to their present incompleteness a reference to the proportion and importance of the dead-born must suffice. Of the 440 births reported for the seven and a half months, 23 are reported still-born. These include those only born at what is considered the full period of utero-gestation. Now while this throws upon the surface the fact that such a large proportion are born dead, it leaves concealed the more important question of blighted births. The importance of adopting the plan of the Board of Health of New York, and requiring that the dead-born of whatever period of utero-gestation be buried with the formality of a special permit, can be best demonstrated by the comments of Dr. HARRIS, Registrar of Vital Statistics for New York City, and just as applicable to Dayton as the former city:

"The effeminate habits of city life, the ceaseless anxieties of the wives of the poor, and, to some unknown extent, the crime of voluntary artificial abortion, lend importance to the records we preserve concerning these blighted births. The men and women who make a business of child-killing by their murderous drugs and instruments, are the only persons that have objected to the special returns we require concerning these dead. This class of records is not subjected to promiscuous inspection. It is hoped it will at least diminish a sinful practice that is sending more women to graves of sorrow than all the pangs of natural child birth. In these records the Board of Health and the State fix the seal of sacredness on life. The total number of burials of still-born in New York from April 14th to November 1st, 1867, was 1,049. The returns of causes, the period of utero-gestation, etc., as regards these dead-born, are of permanent value."

We have next the *Classified Records of Deaths.*

We observe that Dr. Neal uses the classification and nomenclature

advised by Dr. Wm. Farr, which undoubtedly constitute the best system of nosology that we now have.

There is not the leisure for us now to study these *Records*, and, indeed, we are compelled to conclude our hurried notice by adding that Dr. Neal makes some excellent observations under the heads of *Zymotic Diseases*, *Cholera Infantum*, *Asiatic Cholera*, *Consumption*, and *Popular Education*, urging under the last the importance of educating the people to a proper appreciation of the advantages of sanitary reform. T. P.

A Practical Treatise on Diseases of Women. By T. GAILLARD THOMAS, M. D., Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, Physician to Bellevue Hospital, etc. Published by Henry C. Lea, Philadelphia. For sale by Robert Clarke & Co., Cincinnati; C. P. Wilder, Indianapolis.

This volume, gracefully dedicated to Professor John C. Metcalfe, is from the pen of one who has attained no little fame as a graceful and attractive lecturer.

The first chapter is an *Historical Sketch of Uterine Pathology;* the second is on the *Etiology of Uterine Diseases in America;* the third, *Diagnosis of the Diseases of the Female Genital Organs*, and in this last mentioned is brought forward prominently one of the striking merits of the book, showing that its author is really a teacher. Indeed, we do not know a better *study* in briefer space, not for medical students merely, but for practitioners, who may really wish to have light upon an obscure pathway, to be trained in the thorough investigation of diseases peculiar to women, than is herein to be found: the only criticism that we can now make upon it is that it is too brief, and in its conciseness may somewhat fail in its completeness, but not in its clearness. Every line is indicative of thoughtful and intelligent experience.

Next we have in successive chapters *Diseases of the Vulva*, *Rupture of the Perineum*, and in chapter V, *Vaginismus.* Elsewhere we shall probably present some criticisms bearing upon the history of the literature of the subject, that literature being quite abundant before Dr. Sims wrote a line upon the subject, at least sufficiently abundant to furnish a clear exposition of the disorder, both as to character and treatment; and we now dismiss the chapter, in most respects excellent, with the simple remark that the proposition the author makes to anæsthetize the *vaginismic virgin* so that her husband can cure her by impregnating her, is not likely to meet with general professional acceptance. We said a word or two upon the subject some two years since, in the *Cincinnati Journal of Medicine*, under the title of "*Ethereal Copulation and Mechanical Impregnation.*"

Chapters VII, VIII, and IX, on *Vaginitis*, *Atresia Vaginæ*, *Prolapsus*

Vaginæ, and *Vaginal Hernia*, are everything that could be desired. *Fistulæ of the Female Genital Organs* are considered in chapter X. The illustrations are quite numerous and good, the directions for the diagnosis and treatment of these lesions plain and sufficiently complete; but we do think a better classification of such fistulæ might have been given, and we wish the author had furnished us some bibliographic references when he states, p. 183, "certain rare instances of union between the ureters and vagina and uterus have been recorded." He does give us one such reference. It relates to a case of *uretero-uterine* fistula. Certainly the existence of such a fistula has been recognized by others as well as M. Berard, to whom Professor Thomas refers, but "union"—*communication* we would prefer—between one of the ureters and the vagina, existing as a primary lesion has been observed, so far as we have been able to ascertain after some diligence of search and of inquiry, but once, and that is the case recorded in this JOURNAL, October, 1867.

Fœcal Fistulæ constitute the subject of chapter XI, while chapter XII is devoted to *General Remarks upon Inflammation of the Uterus*. Then we have in successive chapters the different varieties of uterine inflammation and their treatment; and in praise of this portion of the book too much can not be said.

Chapter XX gives us *General Considerations upon Displacements of the Uterus*, and then succeeding this chapter those various displacements, diagnosis, etc. Time does not permit us to enter into an examination in detail of these various subjects, but we believe the experience of the majority of the profession will fully concur with the author in every essential point which he presents.

Inversion of the Uterus is the subject of chapter XXIV, while chapters XXV, XXVI, and XXVII, are occupied with *Peri-uterine Cellulitis*, *Pelvic Peritonitis*, and *Pelvic Abscess*. These last three chapters have been to us decidedly the most interesting part of the book, and we think they will prove such to the profession. Professor Thomas is not of those who find in every pelvic inflammation in the vicinity of the uterus the evidence of *cellulitis;* indeed he is the only author of a treatise on diseases of women, in the English language, of whom we have any knowledge, who recognizes the importance and the greater frequency of peritoneal inflammation in this locality than of cellulitis, and his testimony comes to strengthen that of the most recent and best French observers, such as Bernutz, Courty, and others. No physician can read these three chapters without acquiring much useful and valuable knowledge.

Seven chapters we omit all mention of—we are writing under limitation both as to time and space—but we want to call attention to chapter XXV,

on *Dysmenorrhœa.* Of this disorder Professor Thomas recognizes five varieties, viz: neuralgic, congestive, inflammatory, obstructive, and membranous; and of the fourth variety the special causes are:

Contraction of the cervical canal;
Flexion or version of the uterus;
Vaginal stricture;
Small polypus in utero;
Obturator hymen;
A fibroid in the parenchyma of the neck.

Still farther,—in reference to the treatment of cases depending upon the first cause, the author endorses incision, the treatment originally proposed and practised by Professor Simpson in 1843, distinctly stating, "That the results of incision when practiced in suitable cases is generally gratifying."

Further on he says:—"A very simple and useful modification of the two operations"—i. e.: dilatation and incision—"is to make an incision through the whole course of the canal, and then dilate by sea-tangle tents." Undoubtedly this is an excellent plan; but was not the author *napping* when he advised sea-tangle tents, for did he not teach us on page 84. "My own experience with them leads me to believe that from their decided inferiority to tents made of sponge, and to the fact that the latter are being rapidly freed from their disadvantages, sea-tangle tents will in a few years disappear from practice."

Following the Functional disorders of the uterus, among which are included, it seems to us not judiciously, not merely menstrual disorders, but *Sterility* and *Leucorrhœa*, we have a chapter upon *Amputation of the neck of the uterus*, and this is succeeded by the diseases of the ovaries and of the Fallopian tubes; but we cannot now consider these portions of this excellent volume.

In concluding this hurried notice—all too brief to do full justice to the merits of Professor Thomas's book—we can heartily advise the purchase of that book to all our professional friends. T. P.

Light: Its Influence on Life and Health. By FORBES WINSLOW, M. D. Moorhead, Simpson & Bond, Publishers: New York.

This waif of clean type, tinted paper and volume of healthful good sense beams down upon our table like a ray of warm sunlight through April clouds—actually cheering up the sombre array of the more shady heaps of medical literature, which are only a collection of essays upon death. If there is one evidence of progress in our science, it is found in works that have recently been issued upon the various branches of

Hygiene, which tend to a better living, to avoid disease, on one hand, or cure it by a return to natural conditions on the other. And such is the little volume before us. In reading it, we do not wonder that many of the so called heathen are sun worshipers, for from no other source can they or any one perceive so much good or so many blessings flow. It needs but a moment's reflection to convince even the most ignorant of the great necessity of sun light upon all organic and even inorganic matter on the surface of the earth. Yet where do we see the benefits of light more despised and more cruelly neglected than in that portion of society called intelligent and the class called *educated*? It is in the power of the family physician more than any other to impress upon society the necessity of a more healthful mode of living, a more rational style of architecture, a more sensible kind of dress. And when these reforms are introduced, disease will at least be less severe, often less fatal.

This work on Light is evidently not intended for professional eyes alone, but must become popular, and yet is free from all that soft cant and silly alliteration, which some recent works have borne on their title pages from the hands of medical writers, and which have rendered them offensive. We believe the physician is the true teacher of the public and should be permitted to address them through the press freely: for it can be done as in this work on Light, without bearing on its front the hypocritical cant of the charlatan to attract the public eye to the author, instead of the truths he promulgates.

We would be pleased to write a *review*, but we are limited to simply a *notice*, and trust every physician will put it on his own table and do the reviewing for himself. W. B. F.

The Principles and Practice of Obstetrics. By GUNNING S. BEDFORD, M. D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Obstetrics in the University of New York, etc. Published by Wm. Wood & Co., 61 Walker street, New York.

The author in his preface to this, the fourth edition, says:

"The present edition of the PRINCIPLES AND PRACTICE OF OBSTETRICS has been thoroughly revised, and some important additions made, which, I trust, will not be unacceptable to the reader. Beside alluding more particularly than I had previously done to the interesting subjects of Anæsthetics and Twin-pregnancy, I have devoted an entire Lecture to the Complications of Pregnancy, in which are discussed various topics of importance, such, for example, as Chorea, Paralysis, Jaundice, etc., which can not, I think, fail to elicit the attention of the obstetric student."

Four editions since October, 1861, constitute an unequivocal and conclusive evidence of the judgment of the profession as to the

value of this work. Hence it is hardly necessary for us to say one word in reference to it. As a complete and lucid exposition of the Principles and Practice of Obstetrics, we believe it has no superior, while the lessons conveyed by its gifted author are presented in a manner that, so far from offending, delights the literary taste of the educated physician.

T. P.

OBITUARIES.

It is with a feeling of personal sorrow that we record the death of Dr. Joseph F. Potter, of Cincinnati. Although not intimately acquainted with him, we knew him well enough to entertain a high appreciation of him, both as a man and as a physician. The *Cincinnati Commercial*, of April 13th, contained an admirable and elaborate sketch of his life; from this sketch the *Boston Medical and Surgical Journal*, April 23, publishes the following:

"Dr. Potter was born in Sebago, a small agricultural town in the southwestern part of Maine, November 28, 1808. After exhausting the resources of the public schools in his native town, a year or two was spent in a neighboring academy, and three years in the Wesleyan Seminary at Readfield. By the advice of the family physician, at the age of twenty-two, he commenced the study of medicine. He went about it in a way that was a prophecy of success, determined to obtain the best medical opportunities the country then afforded. During the five years ending in 1835, young Potter studiously carried out his plans, attending five courses of lectures, one at Dartmouth College, New Hampshire, and four at Bowdoin College, in Maine, where he received his degree. He also spent considerable time in the Marine Hospital, at Boston, under the eye of the celebrated physician and surgeon, Dr. Charles H. Stedman. His first field of labor was at Kendall's Mills, a thriving village on the Kennebec River, three miles above Waterville, Maine. In the spring of 1839 he removed to Waterville, and soon found himself in the midst of a growing practice. But in 1840 he closed his office and went to Philadelphia for further study, attending a course of lectures at the University of Pennsylvania. At this time the operation of dividing the muscle of the eye for strabismus was being first performed in this country, also the dividing of tendons for deformed feet. Dr. Potter witnessed these operations, and providing himself with instruments, was probably the first to perform them in his native State. At this time, at the age of thirty-six, he was regarded as one of the rising physicians and surgeons of that part of the country. But his desire to make himself worthy of his noble profession, urged him to new efforts for culture. By hard labor and economy, through eight years of a New England practice, he earned money enough to spend two years in Paris. The great metropolis was

only to him a larger college. He missed his daily visits to the hospitals but seven times in these two years, acquired a thorough knowledge of the French language, made large additions to his library and surgical instruments, and at the mature age of thirty-eight he was prepared to step into his final place of action. By the acquaintance of some Cincinnati physicians, he was induced to visit the West, and on the 21st day of December, 1846, he established himself in this city, where he has toiled as few other men have labored, for the past twenty-two years, till stricken by fatal disease at the age of fifty-nine.

Dr. Potter was a full grown man, intellectually and morally, when he came West, and he has done a work of which any man may be honorably proud, and which this community will not forget. His excellent qualities were at once appreciated, and he soon found himself in the midst of a thriving practice, in what was then the most rapidly growing and best known of western cities. Since 1846 Cincinnati has changed from a smart provincial town to a great city of a quarter of a million of people, the metropolis of a vast and fruitful region. His merits may be understood, when we say that the city never outgrew the man. At first he seems to have contemplated a special career as a surgeon, and he began the habit of reading medical lectures, but he was speedily swept away by a flood of valuable family practice that always increased upon him, giving him no rest, until he fell and died in the harness, one of the strongest of men worked to death. In August, 1852, he received the degree of Master of Arts, from Waterville College in his native State. The life of Dr. Potter during the last twenty-two yeas, has been a daily history of ceaseless toil among the people of this city. Blessed with a constitution of remarkable power and flexibility, a true son of New England in his love for toil, remarkable for his readiness to seize on anything to be done, with his admirable method and dogged persistance, he was able to perform an amount of labor that would speedily have broken down many able men. For the last fifteen years he had not been able to attend to all of his calls on any day; and the names of more than one thousand families were on his books. Nothing but strict temperance and order could have saved him so long in such a whirlpool of toil. He almost lived in the houses of his patients and in his office, and had literally no time for social intercouase with the wide circle of the best society in the city into which he had come as the good physician. He encouraged and aided the young physician, and has closed a career of generous use of money for good objects, by a donation of permanent value to his native town.

We have also to record the death of another of our subscribers, Dr. S. Simpson, of Somerset, Somerset county, Pennsylvania. Dr. Simpson died of chronic dysentery, contracted while in the army service.

MISCELLANY.

The Poets in regard to the Influence of the Moon upon the Mind.—From "Influence of Light," by Dr. Forbes Winslow. Published by Moorhead, Simpson & Bond, New York.

I should be giving but an imperfect sketch of the literature of this subject if I were not to refer to the fact that the poets of ancient and modern times, have not failed to countenance by the authority of their genius the popular belief in the influence of the moon not only on the bodily health, but on the passions, and especially on the mind when in a state of disorder. Most of our great dramatic and epic poets have embodied in their immortal creations this idea. The works of Shakspeare, Spenser, Beaumont and Fletcher, Ben Jonson, Milton, Byron, and Shelley are replete with passages of exquisite beauty in relation to this subject. Our own immortal bard, whose marvelous apprehension and profound knowledge of the mind, intuitive insight into the subtle workings of the human heart and passions, and intimate acquaintance with nearly every branch of knowledge, department of science, art, and philosophy, placed like a bright and brilliant constellation on a giddy eminence, far above the rest of mankind, has pointedly alluded to the moral and mental influence of the moon on the heart and intellect. In the "Twelfth Night," Viola apostrophizes Olivia as a

"Most radiant, exquisite, and unmatchable beauty."

"I heard you were saucy at my gates," replies Olivia, "and allowed your approach, rather to wonder at you than to hear you. If you be not mad, begone; if you have reason, be brief; *'tis not that time of the moon with me, to make one in so skipping a dialogue.*"

Again, in the play of "Antony and Cleopatra," Enobarbus, after entering Cæsar's camp, thus appeals to the moon:

"Be witness to me, *O thou blessed moon!*
When men revolted shall upon record
Bear hateful memory, poor Enobarbus did
Before thy face repent!"

After which, he adds, addressing the moon, previously to expressing his deep contrition for his revolt against Antony—

"*O sovereign mistress of true melancholy,*
The poisonous damp of night dis,unge upon me;
That life, a very rebel to my will,
May hang no longer on me."

In "Othello," after the death of Desdemona, when Emilia enters the chamber to announce the foul murder of Roderigo by the hand of Cassio, the Moor, crushed to the earth by an accumulation of horrible misfor-

tunes, exclaims in the agony of his soul, and in the bitterness of wild despair—

> "It is the *very error of the moon*,
> She comes more near the earth than she was wont,
> *And makes men mad.*"

In "King Richard the Third," the Queen, after rushing, whilst in a state of profound distraction, into the presence of the Duchess of York to announce the death of the King, passionately exclaims—

> "Give me no help in lamentation,
> I am not barren to bring forth laments;
> All springs reduce their currents to mine eyes,
> *That I, being govern'd by the wat'ry moon,*
> May send forth plenteous tears to drown the world!"

Milton frexuently alludes, in "Paradise Lost," to the morbid effect of the moon. He speaks of

> "Demoniac frenzy, moping melancholy,
> And *moon-struck madness.*"

In Ben Jonson's "Alchemist," Tribulation says—

> "But how long time,
> Sir, must the saints expect?"

To which Subtle responds—

> "Let me see,
> *How's the moon now?* Eight, nine, ten days hence
> She will be silver potate; then three days
> Before to citronize,—some fifteen days."

Improved Mode of Embalming.—A probably exaggerated account of M. Marini's discovery has been published by a French paper, *Les Mondes*. It would appear that M. Marini succeeds in preserving parts of or the whole body, with all the solids and fluids of the living organism, such as muscle, blood, brain, &c., either in a mummified or petrified state. He can, besides, when the desiccation has not been carried too far, bring the mummified portions back again to their original volume and look, so that an arm, for instance, may be transformed after many months into the same state as that observed a few hours after death. Indeed, the paper above alluded gravely says that, in Corsica, M. Marini preserved the body of a deceased far-famed historian to such a degree that, four months after death, he managed, by his reviving fluid, to give again to the corpse all the appearance of life, so much so as to place it in a chair for photographic purposes. The Emperor and Empress of the French are said to be delighted with the discovery, which statement will in all likelihood be taken by most people *cum grano salis*.

On Therapeutics and on the Natural History of Disease. By E. J. TILT, M. D., M. R C. P. Consulting Physician to the Farringdon Dispensary, etc.

An eclipse of faith is spreading over the face of English medicine, and there is a tendency to disparage the large amount of therapeutical knowledge that has been accumulated; but those who regret this tendency will remember that medicine is not bounded by our line of coast. If some of our most eminent men have no longer faith in medicines, there is no want of that faith on the continent. With regard to France I have watched the variations of medical belief, during the last thirty years, and it will be useful to compare these changes with those progressing in England during the same period. Broussais published in 1816 the first edition of his "Examen des Doctrines Médicales," and by four editions of this work, and by his numerous contributions to the medical press, all burning with passionate eloquence, the doctrine of inflammation, as the cause of all diseases, spread like wildfire; but it almost died out as fast, for although the last edition of his work was published in 1829 when I began the study of medicine in 1834 gastrite was already the standing joke of medical students, and as Broussais had been most virulent in his attacks upon the *polypharmacie* of former ages, when the profession lost faith in bleeding and leeches, they had only expectation to fall back upon. While this was going on, the South of France was somewhat preserved from the new doctrines by the traditional antagonism of the school of Montpellier to that of Paris, and the East by the fact of the school of Strasburg being half German. Even in Paris many sensible men never believed in Broussais, kept alive the good old doctrines and therapeutics, and propagated them in the *Revue Medicale*, which was founded in 1820 by Recamier and Cayol; Michel and Bayles, I believe, founded the *Bulletin de Therapeutique* in 1831. The most influential conservative leader was, however, Recamier, for he was the teacher of Trousseau and Pidoux, who have done more than any others to spread sound therapeutical knowledge in France, by three editions of their work "On Therapeutics," of which the first edition appeared in 1836; by their numerous contributions to medical literature, and by the teaching of Trousseau, when, after a magnificent *concours*, about 1835, he took, and held for many years, the chair of Therapeutics in the Paris school.

After taking a Paris degree in 1839, I came to London to walk the hospitals, passing at once from an atmosphere of doubt, scepticism, and therapeutical inaction, to a land where the medical mind was reposing in the undisturbed conviction that it had brought therapeutics to perfection. Had not exorbitant doses of medicine been utterly repudiated? Were here not three national Pharmacopœias to be chosen from, besides the special Pharmacopœia of each large hospital? Had not all this positive pharmaceutical lore culminated in the just published work of Pereira—to be henceforth the bible of British practice? Every medical man I spoke to shrugged his shoulders at the miserable ignorance of therapeutics in the French school; and as I walked round the hospitals I never ceased admiring the wonderful confidence with which drugs were being administered. But even when all seemed so safely settled, there were thinkers already chafing against a system which ignored entirely the all-healing

powers of nature, and they found an exponent in Sir John Forbes, who in 1845 published his article on "Homœopathy, Allopathy, and Young Physic." Since then the choice medical spirits of the two countries have been marching in opposite directions: the French gradually acquiring a steadily increasing faith in remedies and adopting our notions, Graves finding an enthusiastic admirer and translator in Trousseau; while we have now lived to see what must disturb the peace of Pereira in the blest abode—we have actually lived to see physicians, in metropolitan hospitals, treat acute rheumatism by mint-water, and boast of having done so. Now that we are all alive to the fact that the operations of nature cure alike the patients of quacks and of orthodox men, the cry is "the natural history of diseases!" Very good; but it will take some considerable time to write afresh the natural history of the most frequent diseases in our latitude, and what is to become of the patients in the mean time? Are we to tell them that we are uncertain whether medicines are useful, useless, or pernicious?

"The natural history of diseases" is a very good cry. It rang in my ears when I was a student in Paris. Many wanted to begin medicine afresh, as they had to begin every thing else, in the year 1 of the Republic, one and indivisible. It was the reproach of wise men to Louis that ignored the legacy left us by the great of by-gone ages, and was going to begin again to restore medicine, by his own individual efforts. Louis was a quiet gentleman, without a professorial platform; he had neither the eloquence nor the audacity of a successful innovator. He persuaded some that the *numeric method* would save medicine; but he made no *school*, and his efforts did not in the least check the growing confidence in therapeutics.

"The natural history of diseases." A most laudable pursuit, repeatedly followed at different periods of history; but why talk of history to those who have so much to study that they cannot even read the history of their own art? I only profess to draw attention to what occurred in France after the collapse of Broussais, and I can aver that generally in the Paris hospitals *expectation* was the order of the day. Diet, simple tisanes, lavements, (simple or medicated), castor oil,—such was the general plan of treatment; sirop de diacode, if the patient did not sleep; leeches to cure local inflammation; moderate bleeding, if it were acute. Of course there might be found a Bouillaud attempting to *jugulate* pneumonia and typhoid fever, and some less known man treating typhoid fever by saline purgatives; but those who want to know the natural history of diseases will find it recorded in Andral's Clinique, and in the works of Chomel, Louis, and many other writers of the same time.

"The natural history of diseases!" I have insisted over and over again that the right way of studying diseases of women was to do so by the light of the natural history of menstruation, showing the way in one of my works. If for thirty years of her life woman is bled every month moderately, and often exorbitantly, with impunity, that should at least teach the present generation of medical men that it is absurd to be afraid of damaging a patient's constitution by taking away ten ounces of blood in cases of inflammation. The perfect innocuity of vomiting, in most cases of pregnancy, will some day teach medical practitioners how foolish it was to give up the use of emetics in many cases of dyspepsia and biliary derangement. If I take the liberty of pressing on others to hasten as much

as possible the process by which they are attempting to make up their minds as to the extent of the powers of nature in the cure of disease, it is for the sake of our patients and for the credit of our art. It is no consolation to men of moderate opinions to know that when the pendulum of the human mind has violently swung in one direction it will assuredly, after a certain lapse of years, swing back with equal momentum in the opposite direction. There is so little rest between extremes; we have only just escaped from the reign of exorbitant doses and over-stringent pharmaceutical formalism, and we are now menaced with that rapid return to that slough of expectant medicine which, centuries ago, was rightly stigmatized as "a meditation on death." Only a few years back and we were outrageously frightened by the bugbear of inflammation, and already our utility is often paralysed by the bugbear of debility.—LANCET, *April.* 11*th.*

Grosvenor-street, April, 1868.

SOME TWO months since we gently hinted that money in payment of subscriptions would be acceptable; but the majority of our readers evidently did not see the point of the observation, and we do not propose to repeat it now.

THE EFFECT OF FREQUENT VENESECTIONS.—In the Carmelite convent of Matars, Italy, there died, a short time ago, a nun, at the advanced age of eighty-seven, who had taken the veil seventy-two years before. She had been a great martyr to rheumatism, and had, for attacks of this complaint, been bled 317 times.—*Tribune Medicale* (of Paris), April 5th, 1868.

PRIZE OF £800 IN ITALY.—The Medico-Chirurgical Society of Bologna proposed, in 1862, a prize for the best essay on the progress of medicine and surgery during the present century, and the share of Italy in the same. No competitor appeared, and, in 1865, the subject being thought too extensive, was limited to surgery. This appeal remained again fruitless; and the Society, now recognising the importance of the subject, and wishing that such a work should see the light, combined several legacies, and offer a prize of £800 for 1870, to the author of the best production on the following theme:—"Show and estimate at its proper value the share belonging to Italians in the progress of the science and art of surgery, from the beginning of the 19th century to the present time."

The Present Position of the Medical Profession.

Were a physician of the past generation, a doctor of the old school, to return now among us, he would see great improvements and advances in science, but he would see something else besides.

While admiring the infliction of cruel wounds without pain, the revelations of the microscope, the stethoscope, the opthalmoscope and laryngoscope, he might look with incredulity on our expectant treatment of disease, and our simplification of pharmacy and therapeutics. But this would not be all. For he would see, also, a change in the public status, the manners and customs of our profession, which would awaken feelings the reverse of approval or respect. Such a change is not too recent to be

observable to the older physicians of our generation; nor too ancient to be unknown to the youngest tyro in medicine.

The position which the medical profession of our country occupies to-day in the eyes of the public is far inferior to, and less assured than, what it was fifty years ago. The Doctor of former days was a power in the community. His opinions were indisputable; his *dicta* were laws. To doubt his knowledge, to disbelieve his statements, or to disobey his injunctions were heresies unknown. His very title smacked of learning and authority. A doctor, or teacher, in medicine, he was to all, as his name implied. Once established, by the slow and regular law of succession, in practice in the place of his choice, there he remained, a useful and a much used fixture, until he died. No one thought of changing his family physician any more than he would change his church. No one thought of doubting his doctor any more than he would doubt his creed.

How absolutely changed is all this now! Greedy quacks, tricky hospital stewards home from the war, professors with no profession save plunder, peripatetic panderers to the vilest passions, violators of the Hippocratic oath, patent medicine puffers with lying clerical certificates, nostrum venders, the sole value of whose preparations is the proprietary stamp which they bear, poisoners of infancy under the guise of venerable Nurses and Mothers' Guides, divide the field with the learned Pathist, whose pathy is a non-enity, and the latest Teutonic importation of mysticism and emptiness. Nor is this the worst. For in the eyes of a great part of the community they stand on the same level with the regular profession. One doctor is as good as another; and he who pleases may assume the title, with little study, or with none at all. Neither can we wonder much that this is so, since the public have no *data* on which to base their judgment.

The changes which we have indicated above are analogous to those which followed, though with far different results, the discovery of printing in the middle ages. Before that discovery, all knowledge was locked up in the clergy. They alone held the key of learning. With that discovery and its application, learning became diffused and common to all. This change was accompanied with the most beneficial results to the world; since the knowledge thus acquired was of a kind that all men could become proficient in, and all use to their advantage. Such is far from being the case with a knowledge of medicine. None but those who make it the business of their lives can master so vast a field of theories and facts of empiricism and science. All others who acquire a popular knowledge of medicine are sciolists; smatterers in a learning which they can turn to no profit, but to great harm to themselves and others. Over confident, because partially taught, the popular physiologists, hygienic professors and domestic doctors become a bane to the community whom they aspire to direct and heal.

It has been a favorite idea with modern radical reformers that all knowledge, even of the most private nature, should be freely imparted to both sexes. No greater abuse of the real uses of knowledge ever existed, and no greater mistake was ever made. In such matters, "ignorance is

bliss" indeed, compared to the baleful effects of knowledge undirected by professional study. Private lectures and secret advice, popular physiology and anatomy, given and taught the young of both sexes, have debauched their imaginations, without moulding the will to self-government, or instructing the mind in real knowledge.

From such false teaching come the scores of youth, the imaginnry victims of secret infirmities, who fall a prey to quacks. By partaking of such unwholesome fruit from the tree of knowledge, young women familiarize themselves with facts which breed something worse than contempt, and which lead them to be mothers only in name.

Who has not been shocked of late years, to hear the technical phrases of medicine used by unblushing female lips to describe privacies and maladies which were formerly covered by modest women under the veil of the most delicate paraphrases?

From knowing all to doing all the step is short. The descent is easy from the popular lecture on physiology to the employment, first of natural, and anon of unnatural and violent means, to accomplish desires or to obviate results.

While such have been the effects of popular medical teaching in one direction, in others they have led to yet wider evils, in destroying the confidence of the public in regular physicians and in establishing and sustaining every form of quackery and delusion.

Even the simulated theraputic agencies of another world have been summoned to heal the sick through the medium of the most vulgar and ignorant pretenders.

What cause for surprise then, that, blinded by pseudo-sciences founded on baseless abstractions, confused by a few rays of knowledge discolored by interested teachers, and deluded by miraculous agencies and cures assumed by charlatans, the poor public has lost its calmer judgment, and can no longer distinguish between truth and humbug, between a rational knowledge based on long study and observation, and unmitigated knavery under the guise of popular science.

Such being unfortunately the present aspect of affairs in our profession, can any remedy be found?

To seek the cause points the remedy; and the cause, unfortunately, can be found, in great part, in ourselves; to our own negligence; in our indifference to abuses which have crept in gradually among us; and in the low standard of medical education which the competition of starveling and rival schools has fostered in this country. A diminished faith in the efficacy of drugs, which has led to the expectant system of medicine, has been held up by some of our own teachers, to the world, as a reason for mistrusting all medical treatment. On the other hand, an overweening confidence in, and rash use of potent remedies, has been followed by the reaction of infinitesimal doses, in the public mind.

Too great laxity has been allowed to charlatans from among our own ranks who have been permitted to remain under the shadow of that authority and respect which companionship in good society secures. So many physicians have been turned loose to prey on the public, also, with a mere smattering of medical knowledge, that they have necessarily lowered our standing in the community. * * * * * *

Editorial, Boston Medical and Surgical Journal, Feb. 27, 1868.

The Basis of Medical Education.

Of all preparatory studies, we conceive that the so-called natural sciences tend most to form the habit of thought requisite to the physician. The Doctor must not be a book-worm. Nor must his other faculties be educated at the expense of his perceptive ones. And yet in the early training of our schools and colleges how little are the latter exercised! To use language correctly; to commit various useless branches of knowledge in order to strengthen the memory; to exercise his reasoning powers over mathematics—all these are useful, but they add nothing to his powers of observation.

Education, we are told, teaches us to forget; that is to say, it instructs us in general principles, by a series of lessons, whose details we are not expected to retain. All this is useful as a mental discipline; and, as such, it is essential that youth should go through it. But to learn by study is quite different from learning by observation—and the latter is the only mode by which we learn disease.

Experience is the collation of separate observations; and he is called an experienced physician who has made the most of such observations. To be able to compare, revise and deduct from what he sees, he must have a previous general education. But first of all he must observe—he must see. To the experienced eye, and ear and touch, every phase of sickness, and every change in the sick man's face, is full of meaning. We can well believe that the older observers could diagnosticate very passably the different affections of the chest without the use of physical signs. The position, the color, the form, the expression, the breathing, the pulse, the tongue, and even the smell of the patient, indicate, often, his disease, and not only its nature but its gravity. To him with sharpened senses and cultivated perceptive powers, it is an open book. To the mere student, the book-doctor, it must remain a sealed one. No amount of reading, of study of authorities, or of others' descriptions, can solve the problem which lies before him.

In the sickness of little children, the pure student's difficulties increase until they become insurmountable; and unless he changes his mode of investigation, he can never learn the secret of their symptoms and their sufferings.

So, too, the variations which many cases of actual disease present from the typical one laid down in the books, must puzzle him still more.

What shall give us insight, and thence foresight, among the sick? What faculty is possessed by this or that man who can "see into a case"? What do we mean, in other words, by intuition? Intuition in the diagnosis of disease is the sum of all knowledge compared; is the aggregation of experience, digested and assimilated; is the elimination and excretion of useless elements, and the retention only of essential points. To this is to be added a cultivated perception—more or less good originally, but trained by use.

The perceptive faculties are to be cultivated far differently than by reading books. Little children learn by observation; and so must we older children in our professional schooling. It is true, that when we

enter fairly upon the study of medicine we mingle practical and clinical observation with the reading of authorities and ordinary study. But it is with the preliminary training that we have to do now.

Natural history, botany, comparative anatomy exercise directly the perceptive faculties. Chemistry and physics cultivate a spirit of wholesome scepticism and a habit of experiment, or trial, which lead to exactitude in conclusions and a practical turn of mind, as differing from a theoretical one. In so far as they do this, they are of greater importance to the future student of medicine than languages or general literature.

The wood-craft of the savage guides him by signs unintelligible to the civilized man. The habits of observation of the naturalist fix in his attention minute differences, which escape the notice of the student of books. A knowledge of human nature, also, is essential to the physician, and it is only to be acquired by out-of-door mingling with the world.

Could we, any of us, return to those earlier years when the choice of a profession had not yet turned our attention to particular points; and could we, even then, know that we were to become physicians, we should all of us, doubtless, desire to change our preparatory studies somewhat. General drill in books, in languages, in mathematics, in logic, in learning to express our thoughts, we would not neglect, but we would modify them. The classical curriculum of the college we would temper with the scientific and technological school. It were better to know Greek less and German more. It were better to know history and logic less, and natural history and physics more. It were better to see beyond books; to look nature in the face, and begin, thus early, to question her secrets. It were better to exchange mere studiousness for observation, and to learn by what we see, as well as to be taught by what we read.—*Boston Medical and Surgical Journal.*

Is Tertiary Syphilis Communicable?—A case of Indurated Chancre and Constitutional Syphilis contracted in an unusual manner. Reported by Dr. A. M. SIGMUND. Shimmersville, Pennsylvania.

On August 24th, 1867, I was called to see Miss M. H., aged seventeen years, well developed, and to all appearance in good health, with the exception of a large and painful ulcer on her upper lip. Upon examination, I found the ulcer to present the following characters: It was situated on the center of the lip, extending from its anterior margin to near the frænum, oval in form, and, the lip being much swollen, about five-eighths of an inch in its longest diameter. Its surface was hollow, as if scooped out, and covered with a layer of dirty greyish lymph; the edges were hard, slightly elevated, and sloping a little from within outwards; the base well defined, and very hard, feeling, when pressed between the thumb and finger, like a button or ring of fibro-cartilage.

On inquiry, I learned that about two weeks previous the lip had become indurated at the center, where she had a slight chap, after which the induration increased until it had involved the whole thickness of the lip, and then—about a week after—it commenced to ulcerate. On my informing her that the ulcer was undoubtedly of a syphilitic character, and asking her when and how she became infected, I received the follow-

ing statement, which, from what I have since learned, I believe to be true. About three weeks before, she had been at a Pic-nic, and was there in company with a young man, (whom *I knew* to have been laboring under *tertiary syphilis*, and had also at that time some indolent sores on the inside of his lips), and that at one time during the day, when he had been smoking a segar through a very beautiful amber mouth-piece, she playfully took it from him and placed it in her mouth. In the evening he accompanied her home, and in parting impressed several kisses upon her lips, one of which was rather prolonged, in order, as he said, to take a good parting kiss, as he would leave the neighborhood in a few days. She felt nothing unusual about the lip until about a week afterward, when the induration commenced; but thinks she had a slight chap, or abrasion on it at that time, where the induration afterward occurred.

On further examination, I found that no visible secondary or constitutional symptoms had as yet developed, *and also, that there was no local disease, or evidence that there had been any, on any other part of her body.* To all appearance the disorder was as yet only local.

I applied solid nitrate of silver—the stick being brought to a fine point—thoroughly to every part of the ulcer, and the slough came away in a few days, the ulcer presenting rather an aggravated condition, where I re-applied the nitrate. From this time it commenced to heal—the nitrate being applied as often as was necessary—and in about three weeks the sore was entirely healed, but considerable hardness remained for some time after, which, however, disappeared entirely under the subsequent constitutional treatment.

I remarked that when I first saw the patient there was only the primary sore on the lips. In the course, however, of a few weeks—about five weeks from the appearance of the local lesion—secondary symptoms manifested themselves; such as the characteristic eruption, sore throat, pain in the ears, joints, &c., and enlargements of the cervical glands, with pain extending to the mastoid processes on both sides. She suffered also for some time from rheumatism (syphilitic) of her left arm, preventing its use; she also had some non-suppurating buboes, but only on the left side. The eruption, as I have said, was markedly characteristic, and was most numerous on the forehead, scalp, face, neck, breast and arms; there was also some on the body and lower extremities, but not so numerous. It was at its height about ten days from its appearance, remained stationary about a week, and had disappeared again in three weeks more. The sore throat—not ulcerated, but only a little inflamed—enlargement of the glands, pain in the ears, and some soreness of the joints remained some weeks longer. The whole course of treatment lasted between three and four months, when I discharged her seemingly cured. I have seen her but a few days since and she tells me that she continues in perfect health.

The treatment constitutionally, consisted of iodide of potassium, in doses ranging from five to fifteen grains, three times a day, given in compound syrup of sarsaparilla, with the bi-chloride of mercury in half-grain doses until the gums were slightly touched, when it was omitted; morphine was given to relieve the pain.

A few days after I was called to see this case, a young man came to my office stating that he had a sore lip, which pained him considerably,

and that he felt uneasy about it, "especially as he had seen a lady having a very sore lip." On asking more particularly, I learned that he had been in company with this same Miss M. H.—a few days after the sore on her lip had commenced, and not thinking of any danger had kissed her. The sore was not yet large, but had the characteristic appearance of an indurated chancre. I applied nitrate of silver thoroughly then, and again in a few days after, after which it healed nicely, and then gave the usual constitutional treatment, and up to this time no constitutional symptoms nave appeared.

These cases are interesting as instances of the disease being communicated in rather an unusual channel.

The first case is also particularly interesting, as tending to determine the mooted point as to the communicability of tertiary syphilis. There can be no question that the young man had at the time well-defined tertiary syphilis; the sore on the young lady's lip was a well-marked "initial lesion," and followed by "characteristic constitutional syphilis."

[If, as stated by the writer, the young man had well-defined tertiary syphilis, and the young lady contracted her disease from him in the manner stated, the case as reported is certainly one of very unusual interest, as being in direct antagonism to, and subversive of the long accepted teaching of Ricord, that syphilis in its secondary and tertiary stage is not only not inoculable, but that in these stages or forms it loses, in part, its peculiar type. "Secondary symptoms," he says, "are the consequences of the absorption of the virus, and are transmissible by hereditary descent, without being inoculable. Tertiary symptoms are not inoculable, but cannot be transmitted by hereditary descent under their peculiar type, although, in consequence of a kind of degeneration or modification of the syphilitic virus, they are, probably, one of the fruitful sources of scrofula." Again, in speaking of tertiary symptoms, he says, "they never furnish inoculable secretions."

Upon this subject Dr. Bumstead, in his most excellent treatise on venereal diseases, says, that "Ricord's statement that 'secondary symptoms are not capable of inoculation' is true in the guarded sense in which it was intended, viz: that they are not inoculable upon the persons bearing them; but the inference which was also designed to be conveyed, is not true, as Ricord himself has since acknowledged. Both are contagious and inoculable upon persons free from syphilitic taints, but neither are auto-inoculable.

"Again, Ricord's statements relative to tertiary symptoms cannot at the present day be implicitly received. This author maintains that tertiary lesions are not inoculable, and cannot be transmitted by hereditary descent under their peculiar type; and hence that the virus in this stage must be entirely changed from its original character. The first of the above assertions is doubtful, the second is incorrect. The inoculability of tertiary symptoms has never been tested upon persons free from syphilitic taint, and its possibility, therefore, may yet be demonstrated, as that of secondary symptoms has been."

In the case above detailed, it will be observed that the virus did not reproduce symptoms or lesions characteristic of the stage of the disease to which it pertained, but that the virus from the tertiary stage produced the "primary initial lesion"—an indurated chancre, followed by secon-

dary or constitutional symptoms, and reproducing a similar "initial lesion" upon another uninfected person. This case, therefore, if there be no error in regard to it, is particularly interesting, in furnishing evidence of the effect of the inoculation from the virus of tertiary syphilis upon a person free from syphilitic taint, the effect of which, Bumstead says, has never been tested.

We, ourself, have always believed that the disease was capable of communication by its specific virus, regardless of any particular stage or symptoms, and it certainly is but reasonable to infer, that if the virus is of a specific character (a fact most unquestionable) that the effect of the inoculation upon a person free from syphilitic taint or infection should be the production of the "initial lesion," and this, of course, followed by the usual constitutional infection. Such seems to have been precisely the sequence in the case, as reported by Dr. Sigmund.—ED.]—*Humboldt Medical Archives, April.*

Sir James Simpson's Eulogy upon Sir David Brewster.

At a recent meeting of the Royal Society of Edinburgh, held in reference to the death of Sir David Brewster, Sir James Simpson, after presenting a series of resolutions, made the following remarks, which are copied from the *Canada Medical Journal* of April:

Perhaps the Society will kindly bear with me while I venture to add to these resolutions a very few remarks. With you, Mr. President, I hope our colleague Professor Tait, will, at some early meeting, give us a full *resume* of all the wondrous discoveries and inventions in science, and specially in optical science, which we owe the genius and researches of Sir David Brewster. But permit me to make one or two observations on other matters, not scientific. As early as the age of twelve, Sir David became a student at the University, and he was still a student in every true sense of the term for the subsequent seventy-five years of his life. While yet only ten years old, he constructed a telescope (with his friend Mr. Veitch) significant of the chief future bent of his work and genius. Few men, we all know, have ever been more successful in unfolding and revealing some of the most hidden and obscure laws of science. His self-imposed task only ended with his life. And on the subject it seems to me that I carry almost a mission from him to us—from the dead to the living; for when I last visited him at Allerly, when he was within a few hours of death, when he was already pulseless, his mind was perfectly entire, and perfectly composed; and on asking him, among other matters, if he wished any particular scientific friend to take charge of his remaining scientific papers and notes, he answered me, "No, I have done what every scientific man should do—viz, published almost all my observations of any value, just as they have occurred." He then explained that he had left one paper on "Films" for the Society, and then went on to express an earnest regret that he had not had time to write to the Society another description of the optical phenomena which he had latterly observed in his own field of vision, where there was a partial degree of increasing amaurosis, which, he thought, might be yet found a common form of failure in the eyes of the aged. He

described the appearance of this partial amaurosis minutely and energetically, telling me for your hearing that "the print of the *Times* newspaper had begun for a year or two past to look at one part in the field of vision as if the white interstices between the letters were lightly peppered over with minute dark powder;" and this amaurotic point was, he observed, latterly extending like the faint extending circle around a recent ink blot on blotting-paper. The clearness, vigor, and energy with which he detailed all this and more were amazing in one already so very weak, and so very near the last ebb of the tide of life. Then let me say further in relation to him as a philosopher that his death has broken several curious links with the past. For example, as I was told when down in that part of the country, he was the last of the stars that forty years ago dwelt on the banks of the Tweed, and formed the constellation of friends that clustered there round the Great Wizard of the North at Abbotsford. In the first years of this century—1802-1803—he was much with Cavendish, connecting us thus with the grand band of philosophers who lived in the metropolis of England. Married to a daughter of Macpherson, he connected us with the time, more than a hundred years ago, when Johnson, Blair, Home, and others, disputed so acrimoniously as to whether Ossian's poems were true or not. I would make only one remark more. Professor Fraser told me this day what I have heard before with regard to his great precision, energy, and determination of thought—that during the seven years that he (Professor Fraser) was editor of the *North British Review*, Sir David Brewster contributed an article to every number; and that he did far more—that he stated the day when the first slip of paper would come, and the day when it would be finished. His manuscripts came as they were written —day after day, and sheet after sheet—and without the necessity of the revisal of those preceding. He thus worked with the precision and regularity of a mechanical rather than a mental machine. Sir David Brewster must have been originally endowed with a robust and iron constitution. Few men ever reached the age of eighty-seven with an intellect so unimpaired and an ear so acute. In later years, however, he had repeated attacks of serious illness. But since he attended the meeting of the British Association at Dundee in Autumn last, where he was carried out from one of its crowded meetings in a state of syncope, his health has rapidly declined. He died, ultimately, of an attack of pneumonia and bronchitis. A rigor, ushering in the fatal illness, occurred eight days previous to death. From the date of its occurrence he felt and stated that the grasp of the hand of death was now fixed upon him. Yet, though feeble and weak, he insisted upon being allowed to rise and work for a few hours daily. Three days before he died, he insisted on dressing and going into his study, where he dictated several farewell letters, and amongst others, one to our secretary, Dr. Balfour. "Permit me," he plead with those around him, "permit me to rise once more, for I have work to do." "I know," he added, "it is the last time I shall ever be in my study." Towards the end of that day's work his friend and pastor, Mr. Cousin, visited him. "My race," said he to Mr. Cousin, "is now quite run. I am no longer of use either to myself or to others, and I have no wish to linger longer here." "Yet," he added after awhile, "it is not without a wrench that one parts from all those he

loves most dearly." To Mr. Phin, and other clerical friends, he freely expressed in these his last days the unbounded and undoubting faith of a very humble and very happy Christian. No shadow of dubiety ever once seemed to cloud his mind. Like my former dear friend and old school companion, Professor John Reid, he seemed to be impressed with the idea that one of the great joys and glories of Heaven would consist in the revelation of all the marvels and mysteries of creation and science by Him by whom "all things were made," and who, as Professor George Wilson held it, was not only the Head of the Church, but the Head and origin and source of all science. "I have," he remarked to me, "been infinitely happy here; but I soon shall be infinitely happier with my Savior and Creator." As death drew more and more nigh, the one idea of his Savior, and of his being speedily and eternally with Him, grew stronger and more absorbing. A near connection but not a relative, who in former years often lived in his house, and latterly formed one of the loving watchers by his deathbed, mentions this characteristic and striking anecdote:—"When we were living in his house at St. Andrew's twelve years ago, he was much occupied with the microscope, and, as was his custom always, he used to sit up studying it after the rest of the household had gone to bed. I often crept back into the room on the pretence of having letters to write or something to finish, but just to watch him. After a little he would forget that I was there, and I have often seen him suddenly throw himself back in his chair, lift up his hands, and exclaim, 'Good God! Good God! how marvellous are thy works.'" On Sunday morning I said to him that it had been given to him to show forth much of God's great and marvellous works; and he answered, "Yes, and I have found them to be great and marvellous, and I have felt them to be his." As a physician, I have often watched by the dying; but I have never seen a deathbed scene more full of pure love and faith than our late President's was. His deathbed was indeed a sermon of unapproachable eloquence and pathos. For there lay this grand and gifted old philosopher, this hoary, loving votary, and arch-priest of science, passing fearlessly through the valley of death, sustained and gladdened with the all-simple and allsufficient faith of a very child, and looking forward with unclouded intellect and bright and happy prospects to the mighty change that was about to carry him from time to eternity. I hope the Society will kindly excuse me if I have dwelt too long on the task which the Council have imposed upon me. May I be permitted to add one single remark more. Sir David Brewster appears to have left for us all a strong and touching and marvellous lesson alike in his life and in his death. In his life he has shown us what a gifted and gigantic intellect can effect, when conjoined with industry and energy, in the way of unveiling and unfolding the secret laws and phenomena of nature. In his death he has shown us that one possessing an intellect so gifted and so gigantic could possess and lean upon the faith of a pure and simple hearted Christian. That faith made to him the dreaded darkness of the valley of death a serene scene of beauty and brightness. May God grant that it do so to every one of us. His spirit even now seems to me to be beckoning on the votaries of literature and science, here and elsewhere, along that path which he has so gloriously trod, upwards and heavenwards and Christwards.

Extreme Power of Labor. From DR. DUNCAN'S "Researches in Obstetrics." Edinburgh, 1868.

The higher limit of the power exerted in natural parturition has been variously estimated. There is an easy and obvious method of arriving at it. Cases are frequently occurring in which labor is artificially terminated by forceps, in circumstances which leave no doubt that, under delay, they would have come with difficulty to a spontaneous conclusion. The power exerted by the forceps in such cases can be measured. Such measurements are not to be at once taken as the power of labor necessary to finish such cases; but when all of the various sources of error are considered and included, they are of much value. The chief of such sources of error are the neglect of the assistance that may be afforded to the operator by the natural expulsive efforts, and the including of such forces, exerted by the forceps, as may be unnecessary for carrying on the process; for example, prematurely applied force, or force applied so as to advance the birth too hastily, or force lost by being used in a wrong direction. For the making of observations of this kind by the forceps, special instruments have been invented by Kristeller, Joulin, and others.

But forceps-cases do not afford the only evidence available as to the higher limit. Experiments can be made on the dead subject which can be very well relied upon, as reproducing correctly the difficulty encountered in the living, and the power required to overcome it. Such experiments have been made by Joulin,* and when suitably arranged, give us the power exerted in cases which the most powerful parturient efforts might bring to a spontaneous termination; and, it may be added, would involve the mother's life in great risk.

Speaking of these experiments, Joulin makes the following remarks: † "Spontaneous delivery has been sometimes observed in circumstances almost identical. It appears to me, therefore, possible to admit that the figure of fifty kilogrammes (about a hundredweight) of force represents very nearly the maximum of the contractile power of the uterus; for it is necessary to take into account the accessory contingent furnished by the abdominal muscles, which in these instances was awanting. But as this force has not a direct action, it is probable that its actual product scarcely rises above a few kilogrammes." On this quotation from Joulin I shall make two remarks, first, that in labor the accessory contingent furnished by the abdominal muscles, appears to me to have an action nearly, if not quite, as direct as that of the uterus itself; and second, that I know of no means whatever of estimating its value. In my experiments and descriptions I treat of the powers of labor, that is, of all the powers exerted in combination. Yet there can be no doubt that the paramount power is that produced by uterine contractions.

Having had extensive and varied experience in the use of the forceps in difficult labors, and having also made some rough experiments with the dynanometer, to ascertain the power I have applied with the instrument, I regard M. Joulin's estimate of a hundredweight as the maximum force

* Memoires de l'Academie Imperiale de Medicine. Tome xxvii, p. 90, etc. See also his Memoire sur l'Emploi de la Force en Obstetrique. Archives Generales de Medecine: numeros Fevrier et Mars, 1867.

† Traite Complet des Accouchments, p. 447.

of the parturient functions, as too high. I do not deny that, in very rare cases, such a force may possibly be produced; but I am sure that it is nearer the truth to estimate the maximum expulsive power of labor (including the uterine contractions with the assistant expulsive efforts) as not exceeding eighty pounds.

At present, I can divine no method of arriving at an estimate of the expulsive power of labors generally except the following; and I must guard myself from being supposed to recommend its use, in the meantime at least. A fine tube, filled with water and of resisting material, may be introduced into the small pool of liquor amnii which remains after the rupture of the membranes, filling up the spaces otherwise vacant on the anterior aspect of the fœtus This tube should be provided with an aperture at its uterine end; it should be curved so that when introduced it may lie easily in the pelvis, occupying the least possible space, so that no unnecessary resistance be offered to the advance of the fœtus; its wall should taper to either side, a cross section of it having a long pointed fusiform outline, in order that its presence may not produce on either side of it a channel for the running off of the pool of liquor amnii; lastly, its external end should be in communication with a column of mercury in a vertical tube, enclosing a column of air under only ordinary barometrical pressure. During the pains the rise of the mercury in the tube may be measured, and calculations from these measurements might be made, identical with those already given in the former chapter of this part. By this means, if successfully applied, the force of any labor may be exactly known. And it is scarcely necessary even to suggest how immeasurably valuable to the accoucheur such an estimate would be, substituting, as it would, an experimentally accurate statement of great importance for the vague notions at present relied on, even when the wisest and most experienced practitioner lends his counsel.

There can be no doubt as to the great practical importance of the inquiry entered upon in these chapters. Although it is, as yet, far from completed, there is enough demonstrated to enable Dr. Slop, if he have an opportunity, to cast ridicule on the father of Tristram Shandy, who, founding on the statements of Lithopœdus Senonensis, asserts that the force of a woman's efforts is, in strong labor-pains, equal, upon an average, to the weight of four hundred and seventy pounds avoirdupois, acting perpendicularly upon the head of the child!

It would be interesting to know the source, if any, whence the Rev. Lawrence Sterne drew his information as to the power of labor in days when little attention was paid to this subject. But it is more important to look forward and anticipate the advantages which a handy available dynanometer of parturition would afford to the practitioner. They spring up to the thoughtful mind so readily as scarcely to call for statement: when complaints are severe, or cries for relief urgent, to have a means of judging what is really the power of the labor; when a case is protracted, to have a means of estimating the pressure exerted on the child and maternal passages; when, in any case, instrumental interference is under consideration, to have a means of judging if the error is in the force exerted or in the resistance, etc. That some means of thus increasing the beneficent power of the accoucheur will be discovered, I confidently anticipate.

EDITORIAL AND MEDICAL NEWS.

We believe it has been well established by statistics that physicians have a less average duration of life than any other class of professional men. Lawyers, clergymen and artists have a decided advantage over us in this respect. It seems a sad thing that they, whose office it is to lighten human suffering and lengthen human life, should, as the inevitable consequence of their labors, have their own lives materially shortened; be, as Tulpinus has it, "lamps that burn out in lighting others."

It is needless to point out those physical causes which are so potent in undermining the physician's health—the irregular hours for rest and refreshment, the bodily fatigue, working ofttimes by night and by day, and in weather the most inclement, the inability to systematize one's daily life, et cetera. Nor is it necessary to enlarge upon the moral causes, hardly appreciated sometimes by physicians themselves, and almost never by the public, the deep sympathy which the suffering of others evokes in the physician's breast, the vivid conscientiousness which such an one has in regard to the faithful discharge of duty, for to be entrusted with the life of a fellow being, a life upon which may depend interests of infinite moment, and around which are clustering the warmest affections and the greatest responsibilities is, indeed, no trifling care, and no wonder that a medical man may retire, weary and worn out, to his couch, only to have his sleep disturbed or destroyed by haunting visions of sick rooms and and of suffering faces, and by importunate questionings as to whether he has faithfully and intelligently done his whole duty to all unto whom he has ministered. These are among the moral causes that wear upon the body and shorten the days of physicians. There are others, too, but of a less creditable sort, that weaken our grasp upon life. Very much of the unhappiness incident to medical life has its origin with physicians themselves. They may be harsh and unkind to each other, ungrateful for favors, malevolent and mischief making, instead of recognizing the fact that we are all frail and erring, and need each other's forbearance and forgiveness; they may draw conclusions from a single act, instead of from the general tenor of a man's life; they may plant thorns in another's pathway, but the hand thus planting will also, finally, itself be pierced therewith, for we have faith in many retributions that find men in this world, and the doer of evil deeds can only expect future

remorse, pains, and penalties as the certain harvest which he himself must reap alone. From our inmost heart how we wish for peace among medical men, for generous and confiding trust toward each other, instead of jealous suspicion, conniving management, and secret manœuvring. How we wish for a frank acknowledgment of each other's merits and abilities, instead of mutual disparagement and depreciation. If the miserable devils of envy, self conceit, and evil speaking, and these generally make their abode in ignorant minds, could be cast out of men, we would all have happier and longer lives.

Nor need we refer to the mental causes which probably have some influence in abridging a medical man's life, for the *students* of medicine, we are sorry to say this, are by no means the majority in our profession; and we apprehend that for one who dies of excessive brain-work, a dozen die from physical toil.

However, might we not do something to hinder the action of some of the causes, the tendency of which is to shorten our lives, or in other words, are not some of these causes preventible? We believe it to be true that the vast majority of practitioners, when in full practice, work too hard, too incessantly. A horse that is kept going night and day soon breaks down, and he will last all the longer too, if in addition to his regular repose at the time which nature has ordained for it, he has a few weeks "run" each year on pasture; the bow constantly bent soon loses its elasticity, and can not send the arrow half way to the mark; confused vision, dimness and then darkness come to the eye, gazing continuously and for a length of time upon a single object; an arm or a limb voluntarily held, as the Indian Fakirs do, in one position finally becomes fixed and immovable. We doctors are horses working night and day, year in and year out; the bow ever-strung, the eye in constant vision, the limbs in fixed position; we do not give place for rest and recreation, but go our treadmill round of work, wearying in itself and its monotony. No wonder that so many descend to premature graves, the flame of life too soon burning out from its intensity. We want to plead with physicians as a duty to give more heed to those things which shall conduce to their length of days; and especially to *break away* from their usual work for a few weeks each year; not only have release from incessant work, but in new places, hear new voices, mingle in other scenes—if need be, city doctors going to the country, country doctors to the city—gather new thoughts, feel the throb of new emotions, and have the whole soul and body undergo a season of annual *re-creation*. We believe, were such the rule of our lives, we would become more liberal and charitable toward each other; petty provincialisms and mean jealousies dying out, our

minds rising to clearer perceptions of truth, our hearts throbbing with more generous sympathies and kinder purposes, and a healthier blood glowing in our veins and our lease on life much prolonged.

And now, for this is the lesson we desire to inculcate at this time, we ask each one of our readers, "Do you intend going to the American Medical Association—to your State Medical Society?" Even if there were no professional purposes to be subserved, if you could not add an iota to your knowledge or contribute an iota to professional progress, it would be advantageous simply in view of health, of happy usefulness and of longevity, to make attendance upon these meetings a religious duty

MEDICAL EDUCATION is sick. This is the testimony "of all the doctors in the land;" and a year ago a convention of medical teachers met in Cincinnati to devise remedies for this illness. The prescription agreed upon by this wise and scientific body was very powerful, and contained many ingredients, and was to be administered to the medical colleges. But now, we are informed from one quarter, that the prescription was not intended to be taken, at least at present; from another, that some of the ingredients ought not to have been introduced. One authority makes out his diagnosis, and declares that the cause of the disease is in the people; another, that it is in the profession, while a third just as stoutly asserts that the colleges are at fault; and a fourth favors asking legislatures to furnish medicine and compel doctors to take it. Thus we have many men of many minds, and staring us in the face the acknowledged truth that nobody can decide when doctors differ, while *Miss*-Medical Education don't get any better.

Now, we want to make a single suggestion. The Medical Department of the University of Pennsylvania has had a long life of honor and usefulness; it has been the pioneer of medical education upon this continent; some of the most famous names in medicine and surgery have been found among its teachers; it has in its present Faculty men whose reputation does not belong to our country only, but to the whole civilized world; it has the means to live even if the annual fees from students should be temporarily diminished, and it has rich and influential friends. *Let it be the pioneer now in this advanced movement for professional elevation;* let it demonstrate to the profession, and to its sister colleges, so sceptical in regard to the practicability of the movement, that it ought and that it can be done. The old University, honored parent of a long line of illustrious offspring, would win for herself a still more imperishable crown of glory than she already wears. The step would be more easily taken by her than by any other school for another reason: She has already a

summer school, with an able corps of teachers, endowed by the munificent liberality of that noble old man whose name will be forever honored by the American profession, Dr. GEORGE B. WOOD.

As to the Medical Colleges having any concert of action in taking decidedly progressive steps, we have little hope. Our only hope is that the Medical Department of the University of Pennsylvania may see that this is the golden hour of her opportunity, and at once enter upon a demonstration of the wisdom and feasibility of every material step embraced in the recommendation of the Cincinnati Medical Teachers' Convention of May, 1867. Taking this step, then, let every true hearted physician, and every faithful medical society give it unqualified endorsement in words, influence and deeds. Even if the experiment should not be a success' something will be gained by making it; learning one wrong way, we may strike the right road the next time.

And if other leading institutions unite with the University, so much the better. But if we are to wait for all the colleges to unite for the accomplishment of great and radical improvements in the present system of medical education, we will wait until the grass is green upon the graves of our children's children.

University of Michigan.

It is with deep regret that we chronicle the disastrous fortune which has overtaken the Medical Department of this thriving and honorable institution. For many years the homœopathic influence of the State has been straining every nerve to accomplish the introduction of a course of lectures upon that form of quackery, and has at last unfortunately succeeded. Last winter the Legislature made an appropriation of $100,000 for the University, and the homœopaths succeeded in attaching to the bill a *proviso* for a homœopathic department. That sum, large as it is, was wisely declined by the Regents on those terms, and another session brought together another of the large classes which of late years have flocked to that seat of learning. At the session of the Legislature just closed a law was passed making an annual appropriation for the University of one-twentieth of a mill of the taxable property of the State, with the same *proviso* attached. This the Regents have accepted, and have appointed homœopathic professors; this branch to be located at some place in the State other than Ann Arbor. Professors Armor, Greene, Ford, and Sager, promptly sent in their resignations, and the others have undoubtedly by this time done the same. We trust that every member of the profession who is so situated as to exercise any influence will sustain these gentlemen in the course they have taken. Let every one do his best to

enlighten the public mind upon the subject; impress the facts that we are not allopaths, nor followers of any *ism;* that our course and aim is to *cure disease*—by what means we care not—in accordance with one doctrine or another matters not, so that we cure it, or so that we relieve suffering; that the physician who gives in his adhesion to homœopathy, or any other form of quackery, binds himself to dogmas which are but partially true, which limit his resources and cripple him in his struggle with the great enemy; that "regular" medicine is truly "eclectic" and alone scientific, containing all that is valuable of all "schools," and that its followers can not, with self-respect, recognize those who would limit by narrow minded exclusiveness the treatment of disease to any single line or manner, or to a single class of remedies.

If the glory of the University of Michigan has departed forever it will be honorably remembered by the profession, independent of its graduates for many long years. Its record is a good one, and its influence has been wide spread and beneficial throughout the West. Sad it is that an institution which has illustrated better than any other the high position which may be attained by State schools under popular government, should also illustrate the probability and facility of their wreck by the fickleness of the popular mind.

Of course Michigan, having thrown away a pearl to pick up a pebble, must make up in quantity what she has lost in quality; she must be consistent in the course she has entered upon, and we expect speedily to chronicle the establishment of other medical departments of the State University; there must certainly be a "botanic," an "eclectic," a "hydropathic," a "physico-vital," a "hygienic," and, why not, a "here's-your-sure-and-certain-cure-for-tooth-ache-head-ache-neuralgia-and-all-pain-the human-system-is-subject-to," which now has no better accommodation than the market place and the street corner! We are waiting with interest to see which shall come first. R.

A Correction of a Correction.

In the March number of our JOURNAL we stated the matriculants of the Miami School to be one hundred and twenty-two. We thought we had the information sufficiently direct to be accurate. But in the March number of the *Lancet and Observer* we found the statement, "the class numbered one hundred and thirty," and thus published it, thinking that there was no probability of any mistake this time. But, lo! the April number of the same journal comes to us, telling us that "the matriculation list was one hundred and thirty-six, (not one hundred and twenty-two, as an esteemed neighbor has seen fit to print it,") and not, as we might add, one hundred and thirty, as the esteemed *Lancet and Observer* has seen fit to print it.

SOME PROVOKING typographical errors occurred in our April number; not the least of them being the substitution of "ff" for "pp" in Dr. Ruppaner's name. And here we desire to say, that in publishing the extract containing Dr. R.'s name, our object was not so much to condemn him for, in our opinion, an indiscreet act, but in the name of independent Journalism to censure the disposition some authors have to rail at critics if they are not loaded with fulsome flatteries. Book notices too often are unqualified praise and puffs of second rate talents.

THE SUBJOINED circular tells us of an important change in the place of publication of the *Richmond Medical Journal*, the largest monthly and one of the best medical journals published any where. (By the way, this journal we are authorized to furnish our subscribers at $3.00 per annum, the usual subscription price being $5.00.)

We congratulate the Kentucky School of Medicine upon the very valuable accession to their strength in Dr. Gaillard, and we cordially welcome the Doctor to our vicinity, if not to our midst:

"Dr. E. S. Gaillard, editor and proprietor of the *Richmond (Va.) Medical Journal*, having resigned the Professorship of General Pathology and Pathological Anatomy in the Medical College of Virginia, and, having accepted a similar Professorship in the Kentucky School of Medicine, the journal mentioned will, hereafter, be published at Louisville, Kentucky. The title of the *Journal* will be "*The Richmond and Louisville Medical Journal.*" The following gentlemen have become Associate Editors of this work:

"Professors G. S. Bedford, New York; T. S. Bell, Louisville, Ky.; J. C. Cabell, University of Virginia; S. E. Chaillé, New Orleans; S. C. Chew, Baltimore, Md.; J. J. Chisolm, Charleston, S. C.; S. H. Dickson, Philadelphia; F. H. Hamilton, New York; J. M. Holloway, Louisville, Ky.; L. S. Joynes, Richmond, Va.; Z. Pitcher, Detroit, Mich.; Lewis A. Sayre, New York; Alfred Stillé, Philadelphia; T. Gaillard Thomas, New York; W. H. Van Buren, New York.

"All communications should be addressed to

"E. S. GAILLARD, M. D.,
"Locked Box 29, Louisville, Ky."

WE REPUBLISH from the *Chicago Medical Journal*, April 15th, the subjoined notice of Duffield, Parke & Co.'s preparations, for we have been using some of them, and, in the main, with decided satisfaction; we wish especially to commend the fluid extract of ergot, as prepared by this house; it has proved in our hands an entirely reliable preparation:

"FLUID EXTRACTS.—The attention of physicians has been turned of late to the general unreliability, and, sometimes, entire worthlessness of the fluid extracts in common use. This inefficiency may be due to the quality of the drug used, or the dishonesty of the manufacturer, but is, in most cases, more probably, the result of the mode of preparation. The

trouble seems to lie with those drugs whose medicinal effect depends on volatile principles, which would be evolved on application of even a low degree of heat.

Here, then, is the difficulty that the use of heat renders the extract valueless, because it deprives it of its only valuable ingredient. To dispense with this dangerous agent is the effort of every manufacturer.

Different makers have adopted different methods, involving the use, however, of more or less heat, but none have achieved the result desired, till Dr. Samuel P. Duffield, of Detroit, announced his process, in which he avoids the use of any heat whatever. The following is a short description of this valuable improvement:

"The drug is ground to a coarse powder and placed dry in an iron cylinder. The air is then exhausted by means of an air pump, causing the pores of the drug to give up the air contained in them, and permit the entrance of the menstruum, which is forcibly sucked in through a syphon tube. The effect of this is to impregnate the menstruum with the entire soluble and medicinal properties of the drug, and thus rendering after concentration with the aid of heat unnecessary."

Many of our leading physicians, among whom we might mention Professors Weber and Scott, of Cleveland, Professor Armor, formerly of the Michigan University, Professor Hildreth, of Chicago, have tried fluid extracts made according to Dr. Duffield's process, by Duffield, Parke & Co., of Detroit, with a view to thoroughly test the merits, and have pronounced them decidedly superior to others in use.

In general appearance they differ much from the dark colored preparations to which we are accustomed. The standard is that of the U. S. Pharmacopœia, sixteen troy ounces of the drug to fluid pint.

Dr. Robley Dunglison, for many years Professor of Physiology in the Jefferson Medical College, Philadelphia, has just resigned this position which he has occupied with so much credit. Perhaps no physician in the United States has published so many works upon such various medical topics as Dr. Dunglison: and many of them have been standard text-books in our schools of medicine. Prominent among the candidates for the position thus vacated is Dr. S. Weir Mitchell, of Philadelphia. Dr. Mitchell's reputation as a physiologist, and especially a carefull and accurate observer, is well established, not only in this country but abroad. No one we think could be found calculated to reflect more honor upon the chair and the college. We hope, therefore, to soon hear of his election to the position.—*New York Medical Gazette.*

Profs. Chas. A. Seely and Chas J. Eames, of New York city, have obtained a patent for the impregnation of dead bodies with carbolic acid, which is said to be superior to the old Egyptian method.

We apply the antiseptic liquid to the surface of the body, and also, when deemed advisable, we inject it into the stomach and intestinal canal. For the external applications we take a solution of the acid in water, or other convenient solvent, and wash the body with it by means of a sponge or cloth, and when the first washing has been finished, we repeat it one or more times; or, when convenient, we immerse the body in a weak solution of the acid for a short time; or we saturate cloths with a solution of

the acid, and then wrap or wind the body in the cloths so saturated, and allow them to remain on the body. The body thus brought in contact with the liquid absorbs it by degrees, and the decomposition of the body is arrested or prevented.

We have found that in many cases, and especially in cold weather, the external application of the antiseptic is sufficient to prevent change within a few days. But when it is desirable to keep the body for a long time, we inject a small quantity of the antiseptic into the cavities of the chest and the abdomen. We make the injection by the use of a syringe, and at the natural external openings to the cavities. In addition to the applications of the antiseptic, as above described, we sometimes find it useful to place cotton, wool, lint, or cloth, saturated with the acid, in the nostrils and in the ears.

Our process, when carried out, as above deseribed, is entirely efficient for the preservation of a body during the ordinary interval between death and burial. But when the process is used as an embalming process, or when there are no objections to making incisions into the body, we prefer to inject the acid into the arteries and veins, or in addition to the ordinary external and internal application of the acid, we inject some of the acid through an opening of the skull into the substance of the brain.

For a further security against the decomposition of the body, and especially when the cloths saturated with the liquid are not kept permanently about the body, we place at the bottom or sides of the coffin sheets of felt or cloth, or similar fibrous material, which has been saturated or dampened with the antiseptic liquid.

In combination with carbolic acid, we have used bisulphite of lime and bisulphite of soda, and a solution of sulphurous or acetic acid, with advantage. But we are satisfied that carbolic acid is the most active and useful agent for our purpose, and that any addition to it is not essential to success. We have found the use of a mixture of carbolic acid with saw dust, or other inert granular matter, often advisable in the bottom of the coffin.—*Ibid.*

WE REPEAT the advertisement and invitation given in the editorial department of our last month's JOURNAL—the appeal, so far, has evoked but one response—this from Dr. G., of Bloomington, Ill.,—a success which has certainly not been quite so great as we anticipated.

FOR SALE.—A second-hand amputating case; the instruments in fair condition: Price $20. We wish some one of our readers requiring such a case would procure this one, for by so doing he would contribute to the relief of the widow and orphans of a medical gentleman, who are really in need of help. We will say still more: If any of our friends who may not wish to purchase the instruments, but do wish the independent luxury of doing good to those whose circumstances of distress appeal so earnestly to the sympathies of physicians—for as this widow and these children are to-day, so may some of ours be at a future day—the Editor will be happy to receive, and will acknowledge through the JOURNAL, any contributions that may be placed in his hands for the relief of this family.

HEGEMAN'S GENUINE COD-LIVER OIL

Our Cod-Liver Oil is warranted pure *Newfoundland Oil.* It has stood the test of twenty years' experience, and can be relied on in every particular. Its superiority over that prepared on our own seashore is shown by the numerous cures performed by it when the inferior oils had been tried without effect. We make no claim to any secret mode of concentration or cold pressing, but warrant it pure Ol. Morrhua of the U. S. P.

The uniform good quality of our Oil has given it the preference over the numerous brands in the market, and has elicited the highest commendation from eminent physicians.

THE MOST PERFECT IRON TONIC.

Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessert spoonful to a table spoonful may be taken three times a day, before meals. Children in proportion to their age.

HEGEMAN'S CORDIAL ELIXIR OF CALISAYA BARK (Peruvian Bark.)

The CALISAYA (or "King's Bark") is the most valuable of the numerous varieties or the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

For persons living in Fever and Ague Districts, it will be found invaluable as a preventive—half a wine glass taken night and morning rendering the system much less subject to the unhealthy influence of the atmosphere.

The above preparations are sold by Druggists throughout the United States.
Samples will be furnished on application to

HEGEMAN & CO.,
Chemists and Druggists, New York.

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